
Wisconsin Hospice Directory

2004

July 2005

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

Suggested citation:

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, **Wisconsin Hospice Directory, 2004** (PPH 5362-04). July 2005.

FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2004 Annual Survey of Hospices, conducted by the Bureau of Health Information and Policy, Division of Public Health (DPH), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing (DHCF); and the Bureau of Quality Assurance, Division of Supportive Living.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2004 survey represents the sixth year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. Judith Nugent, Chief, Health Care Information Section, provided supervision. Susan Wood, Director, Bureau of Health Information and Policy, provided overall direction.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information and Policy, P.O. Box 309, Madison, WI 53701-0309, telephone (608) 267-9055, or e-mail connejp@dhfs.state.wi.us.

This directory is available online at <http://dhfs.wisconsin.gov/provider/hospices.htm>. To obtain a printed copy of this directory, please send a \$10.00 check (made payable to the Division of Public Health), along with a note requesting the 2004 Hospice Directory, to the following address:

Division of Public Health
Bureau of Health Information and Policy
ATTN: Sue Smith, Room 372
P.O. Box 2659
Madison WI 53701-2659

TABLE OF CONTENTS

FOREWORD	iii
INTRODUCTION	vii
HOSPICE PROFILES	
A. Wisconsin Hospices	1
B. Out-of-State Hospices	54
INDICES OF HOSPICE PROFILES	
A. By County	65
B. By City	67
C. Alphabetically By Name	69
D. By License Number	71

INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2004 were obtained from the sixth Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization and Palliative Experts (HOPE) of Wisconsin, the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Supportive Living. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 61 hospices that submitted a 2004 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2004). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of patient characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).
4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in interpreting the information shown in each profile, the following example is provided using data from Prairie du Chien Hospice in Prairie du Chien (Page 8). To calculate the number of patients served by this hospice who were age 65 to 74, divide the percentage for the age group (21.2%) by 100 (.212) and multiply the result by the total number of patients served during the year (132). The product (.212 x 132) is 27.98, which when rounded to 28 is the number of unduplicated patients age 65 to 74 served by this hospice during the 2004 calendar year.

Hospice Profiles

Regional Hospice Services

2101 Beaser Avenue
Ashland WI 54806

License Number: 526
County: Ashland
(715) 685-5151

Page 1

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 24
Unduplicated Patient Count for 2004: 224
Average Daily Census: 30
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	45.5%	Medicare	95.8%
20 to 54	6.7	(cancer)	73.2%	Self-referral	0.9	Medicaid	0.0
55 to 64	14.3	Cardiovascular		Patient's family	17.9	Medicare/Medicaid	0.0
65 to 74	29.0	disease	7.6	Hospital	21.0	Managed Care/HMO	0.0
75 to 84	28.6	Pulmonary disease	6.7	Home health agency	0.9	PACE/Partnership	0.0
85 to 94	19.6	Renal failure/		Nursing home	4.5	Private Insurance	4.2
95 & over	1.8	kidney disease	4.9	Assisted living:		Self Pay	0.0
Total Patients	224	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.2	apt. complex	0.0	Caseload	24
Male	49.1%	AIDS	0.0	Adult family home	0.0		
Female	50.9	ALS	0.0	Community-based			
Total Patients	224	Other	5.4	res. facility	1.8		
		Total Patients	224	Other	7.6	STAFFING	FTEs*
TOTAL ADMISSIONS	193			Total Patients	224	Administrators	3.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	202	Medicare	79.3%			Registered Nurses	7.6
		Medicaid	5.2	PATIENT DAYS BY		Lic. Prac. Nurses	0.7
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	4.6
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.3%	Physical Therapists	0.0
appropriate	2.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	14.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.0	symptom mgmt	1.1	Pathologists	0.0
another hospice	2.5	Other	0.0	Respite care	0.6	Bereavement Counselors	1.7
Revocation of		Total Admissions	193	Total Patient Days	10,978	Social Workers	1.0
hospice benefit	5.9					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	89.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	3.6
Total Discharges	202	Private residence	77.3%	Private residence	87.5%	Volunteer Coordinator	0.6
		Nursing home	13.8	Nursing home	4.2	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	22.7
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.3	Community-based		Community-based		patients of the	
30 - 59 days	17.3	res. facility	1.7	res. facility	8.3	hospice in 2004:	130
60 - 89 days	7.9	Inpatient facility	7.2	Inpatient facility	0.0		
90 - 179 days	6.9	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	5.9	Total Deaths	181	Caseload	24	service provided	
1 year or more	2.0					during 2004 by these	
Total Discharges	202					volunteers:	2,862

Lakeview Medical Center
 212 South Main Street
 Rice Lake WI 54868

License Number: 555
 County: Barron
 (715) 236-6256

Page 2

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 23
 Unduplicated Patient Count for 2004: 109
 Average Daily Census: 20
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	30.3%	Medicare	73.9%
20 to 54	7.3	(cancer)	61.5%	Self-referral	0.9	Medicaid	4.3
55 to 64	12.8	Cardiovascular		Patient's family	17.4	Medicare/Medicaid	0.0
65 to 74	17.4	disease	9.2	Hospital	31.2	Managed Care/HMO	0.0
75 to 84	28.4	Pulmonary disease	6.4	Home health agency	4.6	PACE/Partnership	0.0
85 to 94	30.3	Renal failure/		Nursing home	13.8	Private Insurance	21.7
95 & over	3.7	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	109	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	10.1	apt. complex	0.0	Caseload	23
Male	56.9%	AIDS	0.0	Adult family home	0.0		
Female	43.1	ALS	0.9	Community-based			
Total Patients	109	Other	11.9	res. facility	0.9	STAFFING	FTEs*
		Total Patients	109	Other	0.9	Administrators	0.5
TOTAL ADMISSIONS	91			Total Patients	109	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	2.0
TOTAL DISCHARGES	90	Medicare	81.3%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	3.3	LEVEL OF CARE		Hospice Aides	1.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	98.4%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	15.4	symptom mgmt	1.0	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.6	Bereavement Counselors	0.5
another hospice	0.0	Other	0.0	Total Patient Days	7,265	Social Workers	0.5
Revocation of		Total Admissions	91			Dietary	0.0
hospice benefit	12.2			CASELOAD ON 12/31/04		Chaplain	0.0
Other	2.2	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.5
Deaths	85.6	OF OCCURRENCE		Private residence	82.6%	Volunteer Coordinator	0.5
Total Discharges	90	Private residence	66.2%	Nursing home	4.3	Other	0.0
		Nursing home	20.8	Hospice res. fac.	0.0	Total FTEs	6.0
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	12.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.7	Community-based		Community-based		patients of the	
30 - 59 days	12.2	res. facility	2.6	res. facility	4.3	hospice in 2004:	44
60 - 89 days	13.3	Inpatient facility	10.4	Inpatient facility	8.7	Total hours of	
90 - 179 days	14.4	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	7.8	Total Deaths	77	Caseload	23	during 2004 by these	
1 year or more	0.0					volunteers:	2,996
Total Discharges	90						

Heartland Home Healthcare and Hospice
 2050 Riverside Drive, 1st Floor
 Green Bay WI 54301

License Number: 2005
 County: Brown
 (920) 436-9380

Page 3

Ownership of Hospice:	Proprietary Corporation	December 31, 2004 Caseload:	83
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	353
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	72
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	9.1%	Medicare	65.1%
20 to 54	2.3	(cancer)	22.7%	Self-referral	0.3	Medicaid	1.2
55 to 64	4.2	Cardiovascular		Patient's family	1.1	Medicare/Medicaid	30.1
65 to 74	7.6	disease	23.5	Hospital	4.5	Managed Care/HMO	0.0
75 to 84	26.6	Pulmonary disease	8.2	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	49.9	Renal failure/		Nursing home	67.1	Private Insurance	2.4
95 & over	9.3	kidney disease	2.0	Assisted living:		Self Pay	0.0
Total Patients	353	Diabetes	0.3	Residential care		Other	1.2
		Alzheimer's disease	13.6	apt. complex	0.0	Caseload	83
Male	36.5%	AIDS	0.0	Adult family home	0.0		
Female	63.5	ALS	0.3	Community-based			
Total Patients	353	Other	29.5	res. facility	16.4		
		Total Patients	353	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	305			Total Patients	353	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	275	Medicare	58.0%			Registered Nurses	11.5
		Medicaid	2.3	PATIENT DAYS BY		Lic. Prac. Nurses	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	37.4	LEVEL OF CARE		Hospice Aides	7.3
Hospice care not		Managed Care/HMO	0.3	Routine home care	99.8%	Physical Therapists	0.1
appropriate	6.5%	PACE/Partnership	0.0	Continuous care	0.1	Occupational Therapists	0.1
Transferred:		Private Insurance	1.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.4	Other	0.3	Respite care	0.0	Bereavement Counselors	0.5
Revocation of		Total Admissions	305	Total Patient Days	26,476	Social Workers	3.0
hospice benefit	6.2					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	2.0
Deaths	86.9	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.0
Total Discharges	275	Private residence	10.9%	Private residence	10.8%	Volunteer Coordinator	0.8
		Nursing home	53.1	Nursing home	53.0	Other	1.8
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	30.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	13.5	Community-based		Community-based		patients of the	
30 - 59 days	12.0	res. facility	35.1	res. facility	34.9	hospice in 2004:	31
60 - 89 days	8.0	Inpatient facility	0.8	Inpatient facility	1.2		
90 - 179 days	9.5	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	9.8	Total Deaths	239	Caseload	83	service provided	
1 year or more	6.2					during 2004 by these	
Total Discharges	275					volunteers:	1,382

Unity Hospice

Willard Drive, Suite 100
Green Bay WI 54324

License Number: 1503
County: Brown
(800) 990-9249

Page 4

Ownership of Hospice:

Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 202
Unduplicated Patient Count for 2004: 957
Average Daily Census: 196
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.1%	Malignant neoplasm		Physician	24.7%	Medicare	80.7%
20 to 54	6.8	(cancer)	47.3%	Self-referral	4.8	Medicaid	1.0
55 to 64	9.0	Cardiovascular		Patient's family	18.7	Medicare/Medicaid	0.0
65 to 74	17.2	disease	21.2	Hospital	39.1	Managed Care/HMO	0.0
75 to 84	33.0	Pulmonary disease	5.9	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	30.3	Renal failure/		Nursing home	8.0	Private Insurance	6.9
95 & over	3.6	kidney disease	2.0	Assisted living:		Self Pay	11.4
Total Patients	957	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	7.6	apt. complex	0.6	Caseload	202
Male	46.9%	AIDS	0.0	Adult family home	0.0		
Female	53.1	ALS	0.7	Community-based			
Total Patients	957	Other	15.3	res. facility	4.1	STAFFING	FTEs*
		Total Patients	957	Other	0.0	Administrators	5.0
TOTAL ADMISSIONS	858			Total Patients	957	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	34.8
TOTAL DISCHARGES	815	Medicare	73.0%	PATIENT DAYS BY		Lic. Prac. Nurses	6.0
		Medicaid	2.1	LEVEL OF CARE		Hospice Aides	13.5
REASON FOR DISCHARGE		Medicare/Medicaid	1.4	Routine home care	98.3%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	2.9%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	11.2	symptom mgmt	1.3	Pathologists	0.0
care provided by		Self Pay	12.4	Respite care	0.4	Bereavement Counselors	3.0
another hospice	0.1	Other	0.0	Total Patient Days	71,595	Social Workers	12.0
Revocation of		Total Admissions	858			Dietary	0.0
hospice benefit	11.9			CASELOAD ON 12/31/04		Chaplain	2.1
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	8.0
Deaths	85.0	OF OCCURRENCE		Private residence	64.9%	Volunteer Coordinator	1.0
Total Discharges	815	Private residence	49.4%	Nursing home	12.9	Other	2.0
		Nursing home	15.7	Hospice res. fac.	0.0	Total FTEs	87.4
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	29.4%	Residential care		apt. complex	2.0		
8 - 14 days	14.4	apt. complex	1.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.2	Adult family home	0.0	Community-based		patients of the	
30 - 59 days	14.8	Community-based		res. facility	19.8	hospice in 2004:	164
60 - 89 days	7.2	res. facility	12.4	Inpatient facility	0.5		
90 - 179 days	9.6	Inpatient facility	21.5	Other site	0.0	Total hours of	
180 days - 1 year	5.9	Other site	0.0	Caseload	202	service provided	
1 year or more	3.4	Total Deaths	693			during 2004 by these	
Total Discharges	815					volunteers:	15,764

VNA of WI Hospice Green Bay
931 Discovery Road
Green Bay WI 54311

License Number: 2004
County: Brown
(920) 458-4314

Page 5

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 12
Unduplicated Patient Count for 2004: 119
Average Daily Census: 23
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	72.3%	Medicare	75.0%
20 to 54	7.6	(cancer)	46.2%	Self-referral	0.0	Medicaid	16.7
55 to 64	8.4	Cardiovascular		Patient's family	10.1	Medicare/Medicaid	0.0
65 to 74	17.6	disease	18.5	Hospital	10.1	Managed Care/HMO	0.0
75 to 84	28.6	Pulmonary disease	9.2	Home health agency	2.5	PACE/Partnership	0.0
85 to 94	31.9	Renal failure/		Nursing home	4.2	Private Insurance	8.3
95 & over	5.0	kidney disease	4.2	Assisted living:		Self Pay	0.0
Total Patients	119	Diabetes	0.8	Residential care		Other	0.0
		Alzheimer's disease	5.0	apt. complex	0.0	Caseload	12
Male	47.9%	AIDS	0.0	Adult family home	0.0		
Female	52.1	ALS	1.7	Community-based			
Total Patients	119	Other	14.3	res. facility	0.0		
		Total Patients	119	Other	0.8		
TOTAL ADMISSIONS	101			Total Patients	119		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	110	Medicare	80.2%			Administrators	1.0
		Medicaid	5.0			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	2.5
Hospice care not appropriate	1.8%	Managed Care/HMO	0.0	Routine home care	98.8%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	2.8
care provided by another hospice	5.5	Private Insurance	13.9	Inpatient care: acute		Physical Therapists	1.1
Revocation of hospice benefit	9.1	Self Pay	1.0	symptom mgmt	1.1	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.1	Speech/Language Pathologists	0.0
Deaths	83.6	Total Admissions	101	Total Patient Days	8,545	Bereavement Counselors	0.3
Total Discharges	110					Social Workers	0.6
		DEATHS BY SITE OF OCCURRENCE				Dietary	0.0
DISCHARGES BY LENGTH OF STAY		Private residence	93.5%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Chaplain	0.8
1 - 7 days	29.1%	Nursing home	4.3	Private residence	83.3%	Clerical/Office Support	0.0
8 - 14 days	13.6	Hospice res. fac.	0.0	Nursing home	16.7	Volunteer Coordinator	0.1
15 - 29 days	15.5	Assisted living:		Hospice res. fac.	0.0	Other	0.0
30 - 59 days	20.0	Residential care		Assisted living:		Total FTEs	9.1
60 - 89 days	5.5	apt. complex	0.0	Residential care			
90 - 179 days	4.5	Adult family home	0.0	apt. complex	0.0	* Full-time equivalents	
180 days - 1 year	6.4	Community-based		Adult family home	0.0	Volunteers who served patients of the hospice in 2004:	
1 year or more	5.5	res. facility	0.0	Community-based			6
Total Discharges	110	Inpatient facility	2.2	res. facility	0.0	Total hours of service provided during 2004 by these volunteers:	
		Other site	0.0	Inpatient facility	0.0		395
		Total Deaths	92	Other site	0.0		
				Caseload	12		

Calumet County Hospice Agency
 206 Court Street
 Chilton WI 53014

License Number: 557
 County: Calumet
 (920) 849-1424

Page 6

Ownership of Hospice: Governmental County
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 2
 Unduplicated Patient Count for 2004: 15
 Average Daily Census: 1
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	13.3%	Medicare	100.0%
20 to 54	6.7	(cancer)	66.7%	Self-referral	0.0	Medicaid	0.0
55 to 64	6.7	Cardiovascular		Patient's family	26.7	Medicare/Medicaid	0.0
65 to 74	26.7	disease	6.7	Hospital	13.3	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	6.7	Home health agency	40.0	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/		Nursing home	6.7	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	15	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	6.7	apt. complex	0.0	Caseload	2
Male	53.3%	AIDS	0.0	Adult family home	0.0		
Female	46.7	ALS	0.0	Community-based			
Total Patients	15	Other	13.3	res. facility	0.0	STAFFING	FTEs*
		Total Patients	15	Other	0.0	Administrators	0.0
TOTAL ADMISSIONS	14			Total Patients	15	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.2
TOTAL DISCHARGES	13	Medicare	100.0%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	100.0%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	0.0	symptom mgmt	0.0	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.0	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Total Patient Days	533	Social Workers	0.0
Revocation of		Total Admissions	14			Dietary	0.0
hospice benefit	0.0			CASELOAD ON 12/31/04		Chaplain	0.0
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.1
Deaths	100.0	OF OCCURRENCE		Private residence	50.0%	Volunteer Coordinator	0.0
Total Discharges	13	Private residence	76.9%	Nursing home	50.0	Other	0.0
		Nursing home	23.1	Hospice res. fac.	0.0	Total FTEs	0.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	46.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	7.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.4	Community-based		Community-based		patients of the	
30 - 59 days	0.0	res. facility	0.0	res. facility	0.0	hospice in 2004:	7
60 - 89 days	15.4	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	15.4	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	0.0	Total Deaths	13	Caseload	2	during 2004 by these	
1 year or more	0.0					volunteers:	83
Total Discharges	13						

St. Josephs Hospice
2661 County Highway I
Chippewa Falls WI 54729

License Number: 1524
County: Chippewa
(715) 726-3485

Page 7

Ownership of Hospice: Nonprofit Church
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 24
Unduplicated Patient Count for 2004: 205
Average Daily Census: 26
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	20.5%	Medicare	83.3%
20 to 54	11.2	(cancer)	64.4%	Self-referral	1.0	Medicaid	0.0
55 to 64	9.3	Cardiovascular		Patient's family	6.3	Medicare/Medicaid	0.0
65 to 74	22.0	disease	8.3	Hospital	43.4	Managed Care/HMO	0.0
75 to 84	30.7	Pulmonary disease	3.4	Home health agency	11.2	PACE/Partnership	0.0
85 to 94	24.4	Renal failure/		Nursing home	12.7	Private Insurance	12.5
95 & over	2.0	kidney disease	1.5	Assisted living:		Self Pay	0.0
Total Patients	205	Diabetes	0.0	Residential care		Other	4.2
		Alzheimer's disease	2.9	apt. complex	0.0	Caseload	24
Male	48.8%	AIDS	0.5	Adult family home	0.0		
Female	51.2	ALS	0.0	Community-based			
Total Patients	205	Other	19.0	res. facility	1.0	STAFFING	FTEs*
		Total Patients	205	Other	3.9	Administrators	0.5
TOTAL ADMISSIONS	185			Total Patients	205	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	7.0
TOTAL DISCHARGES	192	Medicare	80.0%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	1.1	LEVEL OF CARE		Hospice Aides	0.8
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	98.9%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	4.3	Continuous care	0.0	Occupational Therapists	0.0
appropriate	6.8%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	13.5	symptom mgmt	0.9	Pathologists	0.0
care provided by		Self Pay	0.5	Respite care	0.2	Bereavement Counselors	0.5
another hospice	0.5	Other	0.5	Total Patient Days	9,641	Social Workers	1.9
Revocation of		Total Admissions	185			Dietary	0.0
hospice benefit	2.1			CASELOAD ON 12/31/04		Chaplain	0.4
Other	4.2	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.3
Deaths	86.5	OF OCCURRENCE		Private residence	75.0%	Volunteer Coordinator	0.6
Total Discharges	192	Private residence	53.6%	Nursing home	20.8	Other	0.0
		Nursing home	28.9	Hospice res. fac.	0.0	Total FTEs	14.0
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	24.5%	Residential care		apt. complex	0.0	Volunteers who served	
8 - 14 days	13.5	apt. complex	4.2	Adult family home	0.0	patients of the	
15 - 29 days	17.7	Community-based		Community-based		hospice in 2004:	46
30 - 59 days	20.3	res. facility	3.0	res. facility	4.2		
60 - 89 days	6.8	Inpatient facility	9.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	10.9	Other site	1.2	Other site	0.0	service provided	
180 days - 1 year	3.6	Total Deaths	166	Caseload	24	during 2004 by these	
1 year or more	2.6					volunteers:	1,772
Total Discharges	192						

Prairie du Chien Hospice
 705 East Taylor Street
 Prairie du Chien WI 53821

License Number: 1513
 County: Crawford
 (608) 357-2000

Page 8

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 12
 Unduplicated Patient Count for 2004: 132
 Average Daily Census: 13
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	65.9%	Medicare	58.3%
20 to 54	7.6	(cancer)	52.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	8.3	Cardiovascular		Patient's family	4.5	Medicare/Medicaid	16.7
65 to 74	21.2	disease	17.4	Hospital	19.7	Managed Care/HMO	0.0
75 to 84	30.3	Pulmonary disease	3.0	Home health agency	0.8	PACE/Partnership	0.0
85 to 94	29.5	Renal failure/		Nursing home	7.6	Private Insurance	25.0
95 & over	3.0	kidney disease	5.3	Assisted living:		Self Pay	0.0
Total Patients	132	Diabetes	2.3	Residential care		Other	0.0
		Alzheimer's disease	1.5	apt. complex	0.0	Caseload	12
Male	54.5%	AIDS	0.0	Adult family home	0.0		
Female	45.5	ALS	0.8	Community-based			
Total Patients	132	Other	17.4	res. facility	0.0		
		Total Patients	132	Other	1.5	STAFFING	FTEs*
TOTAL ADMISSIONS	118			Total Patients	132	Administrators	2.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	121	Medicare	70.3%			Registered Nurses	4.4
		Medicaid	1.7	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	16.1	LEVEL OF CARE		Hospice Aides	0.4
Hospice care not		Managed Care/HMO	0.0	Routine home care	93.4%	Physical Therapists	0.0
appropriate	3.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	11.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.8	symptom mgmt	6.4	Pathologists	0.0
another hospice	1.7	Other	0.0	Respite care	0.3	Bereavement Counselors	0.2
Revocation of		Total Admissions	118	Total Patient Days	4,639	Social Workers	1.3
hospice benefit	4.1					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	90.9	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	121	Private residence	25.5%	Private residence	66.7%	Volunteer Coordinator	0.1
		Nursing home	30.9	Nursing home	16.7	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	9.4
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	34.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	19.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	12.4	Community-based		Community-based		patients of the	
30 - 59 days	13.2	res. facility	0.0	res. facility	0.0	hospice in 2004:	47
60 - 89 days	9.1	Inpatient facility	43.6	Inpatient facility	16.7		
90 - 179 days	5.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.5	Total Deaths	110	Caseload	12	service provided	
1 year or more	2.5					during 2004 by these	
Total Discharges	121					volunteers:	453

Hospicecare

5395 East Cheryl Parkway
Madison WI 53711

License Number: 1505
County: Dane
(608) 276-4660

Page 9

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 282
Unduplicated Patient Count for 2004: 1,727
Average Daily Census: 259
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	25.3%	Medicare	86.9%
20 to 54	8.3	(cancer)	45.3%	Self-referral	2.4	Medicaid	4.3
55 to 64	9.4	Cardiovascular		Patient's family	13.3	Medicare/Medicaid	0.0
65 to 74	17.1	disease	16.9	Hospital	38.2	Managed Care/HMO	5.7
75 to 84	31.8	Pulmonary disease	5.3	Home health agency	2.0	PACE/Partnership	0.0
85 to 94	28.4	Renal failure/		Nursing home	6.7	Private Insurance	1.8
95 & over	4.5	kidney disease	2.9	Assisted living:		Self Pay	0.7
Total Patients	1,727	Diabetes	0.2	Residential care		Other	0.7
		Alzheimer's disease	8.3	apt. complex	0.0	Caseload	282
Male	44.9%	AIDS	0.0	Adult family home	0.0		
Female	55.1	ALS	0.6	Community-based			
Total Patients	1,727	Other	20.6	res. facility	3.1		
		Total Patients	1,727	Other	9.1	STAFFING	FTEs*
TOTAL ADMISSIONS	1,594			Total Patients	1,727	Administrators	24.5
		ADMISSIONS BY PAY SOURCE				Physicians	2.0
TOTAL DISCHARGES	1,537	Medicare	81.2%			Registered Nurses	49.2
		Medicaid	3.9	PATIENT DAYS BY		Lic. Prac. Nurses	6.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	20.0
Hospice care not		Managed Care/HMO	8.0	Routine home care	93.9%	Physical Therapists	0.0
appropriate	5.1%	PACE/Partnership	0.0	Continuous care	0.2	Occupational Therapists	0.0
Transferred:		Private Insurance	5.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.5	symptom mgmt	5.4	Pathologists	0.0
another hospice	0.6	Other	0.8	Respite care	0.6	Bereavement Counselors	4.3
Revocation of		Total Admissions	1,594	Total Patient Days	94,737	Social Workers	15.7
hospice benefit	4.5					Dietary	0.1
Other	4.2	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	3.7
Deaths	85.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	45.9
Total Discharges	1,537	Private residence	53.6%	Private residence	58.2%	Volunteer Coordinator	4.7
		Nursing home	10.0	Nursing home	12.1	Other	0.0
		Hospice res. fac.	1.1	Hospice res. fac.	0.4	Total FTEs	176.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	32.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.9	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	13.9	Community-based		Community-based		patients of the	
30 - 59 days	13.3	res. facility	8.1	res. facility	22.3	hospice in 2004:	669
60 - 89 days	7.0	Inpatient facility	27.2	Inpatient facility	7.1		
90 - 179 days	9.9	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.1	Total Deaths	1,316	Caseload	282	service provided	
1 year or more	2.5					during 2004 by these	
Total Discharges	1,537					volunteers:	23,570

Hillside Home Care Hospice
709 South University Avenue
Beaver Dam WI 53916

License Number: 1518
County: Dodge
(920) 887-4050

Page 10

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 17
Unduplicated Patient Count for 2004: 101
Average Daily Census: 9
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	56.4%	Medicare	0.0%
20 to 54	4.0	(cancer)	63.4%	Self-referral	0.0	Medicaid	5.9
55 to 64	9.9	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	88.2
65 to 74	18.8	disease	16.8	Hospital	26.7	Managed Care/HMO	0.0
75 to 84	32.7	Pulmonary disease	5.0	Home health agency	6.9	PACE/Partnership	0.0
85 to 94	27.7	Renal failure/		Nursing home	9.9	Private Insurance	5.9
95 & over	6.9	kidney disease	5.9	Assisted living:		Self Pay	0.0
Total Patients	101	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.0	apt. complex	0.0	Caseload	17
Male	55.4%	AIDS	0.0	Adult family home	0.0		
Female	44.6	ALS	0.0	Community-based			
Total Patients	101	Other	5.0	res. facility	0.0		
		Total Patients	101	Other	0.0		
TOTAL ADMISSIONS	89			Total Patients	101		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	85	Medicare	87.6%			Administrators	0.3
		Medicaid	3.4			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	1.3
Hospice care not		Managed Care/HMO	3.4	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	8.2%	PACE/Partnership	0.0	Routine home care	99.8%	Hospice Aides	0.6
Transferred:		Private Insurance	5.6	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	4.7	Other	0.0	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	89	Respite care	0.2	Pathologists	0.0
hospice benefit	2.4			Total Patient Days	3,213	Bereavement Counselors	0.3
Other	0.0					Social Workers	0.4
Deaths	84.7	DEATHS BY SITE		CASELOAD ON 12/31/04		Dietary	0.0
Total Discharges	85	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	0.0
		Private residence	76.4%	Private residence	64.7%	Clerical/Office Support	0.5
		Nursing home	19.4	Nursing home	23.5	Volunteer Coordinator	0.3
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	3.7
		Residential care		Residential care			
1 - 7 days	28.2%	apt. complex	2.8	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	18.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.3	Community-based		Community-based		patients of the	
30 - 59 days	21.2	res. facility	1.4	res. facility	11.8	hospice in 2004:	
60 - 89 days	4.7	Inpatient facility	0.0	Inpatient facility	0.0	25	
90 - 179 days	7.1	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	4.7	Total Deaths	72	Caseload	17	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	85					volunteers:	
						1,029	

Northwest Wisconsin Homecare Hospice
 2620 Stein Boulevard, Box 2060
 Eau Claire WI 54702

License Number: 1519
 County: Eau Claire
 (715) 831-0100

Page 11

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 64
 Unduplicated Patient Count for 2004: 340
 Average Daily Census: 76
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	30.3%	Medicare	84.4%
20 to 54	6.2	(cancer)	47.6%	Self-referral	2.1	Medicaid	4.7
55 to 64	6.2	Cardiovascular		Patient's family	13.8	Medicare/Medicaid	0.0
65 to 74	20.6	disease	22.6	Hospital	32.1	Managed Care/HMO	1.6
75 to 84	30.6	Pulmonary disease	11.5	Home health agency	1.2	PACE/Partnership	0.0
85 to 94	26.8	Renal failure/		Nursing home	15.0	Private Insurance	9.4
95 & over	9.7	kidney disease	1.8	Assisted living:		Self Pay	0.0
Total Patients	340	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.9	apt. complex	0.0	Caseload	64
Male	48.5%	AIDS	0.0	Adult family home	0.0		
Female	51.5	ALS	0.3	Community-based			
Total Patients	340	Other	10.3	res. facility	3.8	STAFFING	FTEs*
		Total Patients	340	Other	1.8	Administrators	4.4
TOTAL ADMISSIONS	284			Total Patients	340	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	7.1
TOTAL DISCHARGES	292	Medicare	83.5%	PATIENT DAYS BY		Lic. Prac. Nurses	0.7
		Medicaid	7.7	LEVEL OF CARE		Hospice Aides	3.2
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	99.7%	Physical Therapists	0.7
Hospice care not		Managed Care/HMO	2.1	Continuous care	0.0	Occupational Therapists	1.2
appropriate	5.8%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	6.7	symptom mgmt	0.2	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.1	Bereavement Counselors	4.7
another hospice	0.0	Other	0.0	Total Patient Days	27,865	Social Workers	4.0
Revocation of		Total Admissions	284			Dietary	0.0
hospice benefit	11.0			CASELOAD ON 12/31/04		Chaplain	0.0
Other	1.4	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	12.6
Deaths	81.8	OF OCCURRENCE		Private residence	78.1%	Volunteer Coordinator	0.0
Total Discharges	292	Private residence	92.5%	Nursing home	14.1	Other	0.0
		Nursing home	6.7	Hospice res. fac.	0.0	Total FTEs	38.5
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	22.6%	Residential care		apt. complex	3.1	Volunteers who served	
8 - 14 days	10.3	apt. complex	0.0	Adult family home	0.0	patients of the	
15 - 29 days	21.6	Community-based		Community-based		hospice in 2004:	112
30 - 59 days	13.7	res. facility	0.0	res. facility	4.7		
60 - 89 days	5.5	Inpatient facility	0.8	Inpatient facility	0.0	Total hours of	
90 - 179 days	10.3	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	9.2	Total Deaths	239	Caseload	64	during 2004 by these	
1 year or more	6.8					volunteers:	752
Total Discharges	292						

St. Agnes Hospital Hospice Hope
 239 Trowbridge, Box 385
 Fond du Lac WI 54936

License Number: 1512
 County: Fond du Lac
 (800) 236-4156

Page 12

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	66
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	535
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	70
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	21.5%	Medicare	87.9%
20 to 54	4.9	(cancer)	58.1%	Self-referral	12.7	Medicaid	0.0
55 to 64	10.7	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	19.4	disease	12.1	Hospital	37.4	Managed Care/HMO	0.0
75 to 84	32.0	Pulmonary disease	3.0	Home health agency	2.8	PACE/Partnership	0.0
85 to 94	27.7	Renal failure/		Nursing home	18.1	Private Insurance	12.1
95 & over	5.4	kidney disease	3.9	Assisted living:		Self Pay	0.0
Total Patients	535	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.7	apt. complex	0.2	Caseload	66
Male	45.8%	AIDS	0.0	Adult family home	0.0		
Female	54.2	ALS	0.7	Community-based			
Total Patients	535	Other	21.3	res. facility	1.7	STAFFING	FTEs*
		Total Patients	535	Other	5.6	Administrators	2.0
TOTAL ADMISSIONS	534			Total Patients	535	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	11.8
TOTAL DISCHARGES	529	Medicare	83.3%	PATIENT DAYS BY		Lic. Prac. Nurses	2.8
		Medicaid	1.9	LEVEL OF CARE		Hospice Aides	14.5
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	99.8%	Physical Therapists	0.0
Hospice care not appropriate	1.3%	Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
care provided by another hospice	10.4	Private Insurance	12.5	symptom mgmt	0.2	Pathologists	0.0
Revocation of hospice benefit	2.8	Self Pay	1.1	Respite care	0.0	Bereavement Counselors	1.0
Other	0.0	Other	1.1	Total Patient Days	25,468	Social Workers	1.3
Deaths	85.4	Total Admissions	534			Dietary	0.8
Total Discharges	529			CASELOAD ON 12/31/04		Chaplain	0.0
		DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.8
DISCHARGES BY LENGTH OF STAY		OF OCCURRENCE		Private residence	36.4%	Volunteer Coordinator	0.0
1 - 7 days	29.5%	Private residence	46.5%	Nursing home	22.7	Other	1.1
8 - 14 days	17.8	Nursing home	16.8	Hospice res. fac.	16.7	Total FTEs	38.0
15 - 29 days	18.9	Hospice res. fac.	21.9	Assisted living:			
30 - 59 days	14.6	Assisted living:		Residential care		* Full-time equivalents	
60 - 89 days	7.2	Residential care		apt. complex	1.5		
90 - 179 days	7.8	apt. complex	2.9	Adult family home	0.0	Volunteers who served patients of the hospice in 2004:	235
180 days - 1 year	4.0	Adult family home	0.0	Community-based			
1 year or more	0.4	Community-based		res. facility	22.7	Total hours of service provided during 2004 by these volunteers:	12,566
Total Discharges	529	res. facility	11.9	Inpatient facility	0.0		
		Inpatient facility	0.0	Other site	0.0		
		Other site	0.0	Caseload	66		
		Total Deaths	452				

Grant County Hospice
111 South Jefferson Street
Lancaster WI 53813

License Number: 516
County: Grant
(608) 723-6416

Page 13

Ownership of Hospice: Governmental County
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 8
Unduplicated Patient Count for 2004: 75
Average Daily Census: 6
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	1.3%	Malignant neoplasm		Physician	18.7%	Medicare	100.0%
20 to 54	5.3	(cancer)	57.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	5.3	Cardiovascular		Patient's family	14.7	Medicare/Medicaid	0.0
65 to 74	18.7	disease	14.7	Hospital	36.0	Managed Care/HMO	0.0
75 to 84	41.3	Pulmonary disease	5.3	Home health agency	8.0	PACE/Partnership	0.0
85 to 94	22.7	Renal failure/		Nursing home	18.7	Private Insurance	0.0
95 & over	5.3	kidney disease	8.0	Assisted living:		Self Pay	0.0
Total Patients	75	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	6.7	apt. complex	0.0	Caseload	8
Male	53.3%	AIDS	0.0	Adult family home	0.0		
Female	46.7	ALS	0.0	Community-based			
Total Patients	75	Other	8.0	res. facility	1.3		
		Total Patients	75	Other	2.7	STAFFING	FTEs*
TOTAL ADMISSIONS	70			Total Patients	75	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	68	Medicare	91.4%			Registered Nurses	1.9
		Medicaid	1.4	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	2.9	Routine home care	96.9%	Physical Therapists	0.0
appropriate	4.4%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	2.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	2.5	Pathologists	0.0
another hospice	0.0	Other	1.4	Respite care	0.6	Bereavement Counselors	0.1
Revocation of		Total Admissions	70	Total Patient Days	2,334	Social Workers	0.5
hospice benefit	5.9					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	89.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.4
Total Discharges	68	Private residence	57.4%	Private residence	87.5%	Volunteer Coordinator	0.1
		Nursing home	29.5	Nursing home	12.5	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	4.6
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	32.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	17.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	11.8	Community-based		Community-based		patients of the	
30 - 59 days	19.1	res. facility	1.6	res. facility	0.0	hospice in 2004:	19
60 - 89 days	2.9	Inpatient facility	11.5	Inpatient facility	0.0		
90 - 179 days	13.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.9	Total Deaths	61	Caseload	8	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	68					volunteers:	254

The Monroe Clinic Hospice
 515 22nd Avenue
 Monroe WI 53566

License Number: 1523
 County: Green
 (608) 324-1230

Page 14

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 15
 Unduplicated Patient Count for 2004: 127
 Average Daily Census: 14
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	37.0%	Medicare	86.7%
20 to 54	3.9	(cancer)	52.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	4.7	Cardiovascular		Patient's family	6.3	Medicare/Medicaid	0.0
65 to 74	19.7	disease	18.1	Hospital	31.5	Managed Care/HMO	6.7
75 to 84	29.9	Pulmonary disease	3.9	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	32.3	Renal failure/		Nursing home	19.7	Private Insurance	6.7
95 & over	9.4	kidney disease	3.9	Assisted living:		Self Pay	0.0
Total Patients	127	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	11.8	apt. complex	0.8	Caseload	15
Male	44.9%	AIDS	0.0	Adult family home	0.0		
Female	55.1	ALS	0.0	Community-based			
Total Patients	127	Other	10.2	res. facility	4.7		
		Total Patients	127	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	115			Total Patients	127	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	114	Medicare	91.3%			Registered Nurses	3.2
		Medicaid	0.9	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.8
Hospice care not		Managed Care/HMO	4.3	Routine home care	98.8%	Physical Therapists	0.0
appropriate	19.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	3.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.3	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.8	Bereavement Counselors	0.8
Revocation of		Total Admissions	115	Total Patient Days	4,943	Social Workers	0.5
hospice benefit	0.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.1
Deaths	80.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	114	Private residence	54.3%	Private residence	60.0%	Volunteer Coordinator	0.3
		Nursing home	31.5	Nursing home	20.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	7.6
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	26.3%	apt. complex	1.1	apt. complex	0.0		
8 - 14 days	13.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	21.9	Community-based		Community-based		patients of the	
30 - 59 days	15.8	res. facility	13.0	res. facility	20.0	hospice in 2004:	44
60 - 89 days	8.8	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	13.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	0.9	Total Deaths	92	Caseload	15	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	114					volunteers:	3,179

Upland Hills Hospice
800 Compassion Way
Dodgeville WI 53533

License Number: 545
County: Iowa
(608) 930-7220

Page 15

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 19
Unduplicated Patient Count for 2004: 120
Average Daily Census: 20
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	30.0%	Medicare	78.9%
20 to 54	6.7	(cancer)	61.7%	Self-referral	3.3	Medicaid	0.0
55 to 64	11.7	Cardiovascular		Patient's family	11.7	Medicare/Medicaid	0.0
65 to 74	23.3	disease	15.8	Hospital	26.7	Managed Care/HMO	0.0
75 to 84	30.0	Pulmonary disease	5.8	Home health agency	10.0	PACE/Partnership	0.0
85 to 94	25.0	Renal failure/		Nursing home	10.0	Private Insurance	15.8
95 & over	2.5	kidney disease	2.5	Assisted living:		Self Pay	0.0
Total Patients	120	Diabetes	0.0	Residential care		Other	5.3
		Alzheimer's disease	0.8	apt. complex	0.0	Caseload	19
Male	53.3%	AIDS	0.0	Adult family home	0.0		
Female	46.7	ALS	0.0	Community-based			
Total Patients	120	Other	13.3	res. facility	6.7		
		Total Patients	120	Other	1.7	STAFFING	FTEs*
TOTAL ADMISSIONS	107			Total Patients	120	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	109	Medicare	74.8%			Registered Nurses	4.3
		Medicaid	5.6	PATIENT DAYS BY		Lic. Prac. Nurses	0.5
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	2.2
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.2%	Physical Therapists	0.0
appropriate	10.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	16.8	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.6	Pathologists	0.0
another hospice	3.7	Other	2.8	Respite care	1.2	Bereavement Counselors	0.3
Revocation of		Total Admissions	107	Total Patient Days	7,250	Social Workers	1.6
hospice benefit	2.8					Dietary	0.0
Other	1.8	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	81.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.3
Total Discharges	109	Private residence	56.2%	Private residence	78.9%	Volunteer Coordinator	0.5
		Nursing home	21.3	Nursing home	21.1	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	11.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	18.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	21.1	Community-based		Community-based		patients of the	
30 - 59 days	14.7	res. facility	1.1	res. facility	0.0	hospice in 2004:	44
60 - 89 days	9.2	Inpatient facility	21.3	Inpatient facility	0.0		
90 - 179 days	9.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	9.2	Total Deaths	89	Caseload	19	service provided	
1 year or more	1.8					during 2004 by these	
Total Discharges	109					volunteers:	2,544

Black River Hospice
 711 West Adams Street
 Black River Falls WI 54615

License Number: 2006
 County: Jackson
 (715) 284-1343

Page 16

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 19
 Unduplicated Patient Count for 2004: 100
 Average Daily Census: 20
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	59.0%	Medicare	68.4%
20 to 54	5.0	(cancer)	50.0%	Self-referral	0.0	Medicaid	21.1
55 to 64	15.0	Cardiovascular		Patient's family	12.0	Medicare/Medicaid	0.0
65 to 74	27.0	disease	19.0	Hospital	12.0	Managed Care/HMO	0.0
75 to 84	32.0	Pulmonary disease	9.0	Home health agency	6.0	PACE/Partnership	0.0
85 to 94	17.0	Renal failure/		Nursing home	11.0	Private Insurance	10.5
95 & over	4.0	kidney disease	5.0	Assisted living:		Self Pay	0.0
Total Patients	100	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.0	apt. complex	0.0	Caseload	19
Male	52.0%	AIDS	0.0	Adult family home	0.0		
Female	48.0	ALS	1.0	Community-based			
Total Patients	100	Other	15.0	res. facility	0.0		
		Total Patients	100	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	91			Total Patients	100	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	87	Medicare	70.3%			Registered Nurses	1.6
		Medicaid	17.6	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	1.0
Hospice care not		Managed Care/HMO	2.2	Routine home care	98.3%	Physical Therapists	0.0
appropriate	2.3%	PACE/Partnership	0.0	Continuous care	0.4	Occupational Therapists	0.0
Transferred:		Private Insurance	5.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	4.4	symptom mgmt	0.4	Pathologists	0.0
another hospice	1.1	Other	0.0	Respite care	0.8	Bereavement Counselors	0.0
Revocation of		Total Admissions	91	Total Patient Days	7,454	Social Workers	0.5
hospice benefit	2.3					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.1
Deaths	94.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Total Discharges	87	Private residence	76.8%	Private residence	63.2%	Volunteer Coordinator	0.0
		Nursing home	18.3	Nursing home	26.3	Other	0.3
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	4.7
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	21.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	18.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	19.5	Community-based		Community-based		patients of the	
30 - 59 days	13.8	res. facility	3.7	res. facility	10.5	hospice in 2004:	36
60 - 89 days	2.3	Inpatient facility	1.2	Inpatient facility	0.0		
90 - 179 days	8.0	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	13.8	Total Deaths	82	Caseload	19	service provided	
1 year or more	2.3					during 2004 by these	
Total Discharges	87					volunteers:	467

Rainbow Hospice Care, Inc.
147 West Rockwell Street
Jefferson WI 53549

License Number: 508
County: Jefferson
(920) 674-6255

Page 17

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 46
Unduplicated Patient Count for 2004: 270
Average Daily Census: 36
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	28.9%	Medicare	78.3%
20 to 54	5.2	(cancer)	51.5%	Self-referral	0.7	Medicaid	0.0
55 to 64	7.4	Cardiovascular		Patient's family	19.3	Medicare/Medicaid	15.2
65 to 74	17.0	disease	17.4	Hospital	27.8	Managed Care/HMO	0.0
75 to 84	31.1	Pulmonary disease	4.1	Home health agency	1.5	PACE/Partnership	0.0
85 to 94	30.0	Renal failure/		Nursing home	10.0	Private Insurance	2.2
95 & over	9.3	kidney disease	4.8	Assisted living:		Self Pay	0.0
Total Patients	270	Diabetes	0.4	Residential care		Other	4.3
		Alzheimer's disease	4.4	apt. complex	0.4	Caseload	46
Male	44.4%	AIDS	0.0	Adult family home	0.0		
Female	55.6	ALS	0.7	Community-based			
Total Patients	270	Other	16.7	res. facility	8.1		
		Total Patients	270	Other	3.3	STAFFING	FTEs*
TOTAL ADMISSIONS	246			Total Patients	270	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	233	Medicare	80.5%			Registered Nurses	7.8
		Medicaid	0.8	PATIENT DAYS BY		Lic. Prac. Nurses	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	8.9	LEVEL OF CARE		Hospice Aides	4.0
Hospice care not		Managed Care/HMO	3.3	Routine home care	98.2%	Physical Therapists	0.0
appropriate	2.6%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	6.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.3	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.4	Bereavement Counselors	0.5
Revocation of		Total Admissions	246	Total Patient Days	13,021	Social Workers	3.0
hospice benefit	4.7					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	92.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.3
Total Discharges	233	Private residence	53.2%	Private residence	54.3%	Volunteer Coordinator	1.3
		Nursing home	17.6	Nursing home	19.6	Other	2.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	22.8
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.8%	apt. complex	0.9	apt. complex	0.0		
8 - 14 days	17.6	Adult family home	0.5	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.3	Community-based		Community-based		patients of the	
30 - 59 days	16.7	res. facility	15.7	res. facility	26.1	hospice in 2004:	70
60 - 89 days	5.6	Inpatient facility	12.0	Inpatient facility	0.0		
90 - 179 days	9.9	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	4.3	Total Deaths	216	Caseload	46	service provided	
1 year or more	0.9					during 2004 by these	
Total Discharges	233					volunteers:	2,165

Hospice Alliance
10220 Prairie Ridge Boulevard
Pleasant Prairie WI 53158

License Number: 1502
County: Kenosha
(262) 652-4400

Page 18

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 74
Unduplicated Patient Count for 2004: 498
Average Daily Census: 69
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.2%	Malignant neoplasm		Physician	31.9%	Medicare	87.8%
20 to 54	4.2	(cancer)	59.4%	Self-referral	0.0	Medicaid	2.7
55 to 64	9.4	Cardiovascular		Patient's family	15.1	Medicare/Medicaid	0.0
65 to 74	16.5	disease	12.9	Hospital	21.3	Managed Care/HMO	0.0
75 to 84	34.9	Pulmonary disease	7.8	Home health agency	1.2	PACE/Partnership	0.0
85 to 94	28.7	Renal failure/		Nursing home	10.2	Private Insurance	6.8
95 & over	6.0	kidney disease	3.0	Assisted living:		Self Pay	2.7
Total Patients	498	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.6	apt. complex	0.0	Caseload	74
Male	34.7%	AIDS	0.0	Adult family home	0.6		
Female	65.3	ALS	0.0	Community-based			
Total Patients	498	Other	11.2	res. facility	0.6		
		Total Patients	498	Other	19.1		
TOTAL ADMISSIONS	447			Total Patients	498		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	425	Medicare	86.4%			Administrators	0.5
		Medicaid	2.9			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	5.5
Hospice care not appropriate	0.7%	Managed Care/HMO	0.0	Routine home care	99.7%	Lic. Prac. Nurses	0.9
Transferred:		PACE/Partnership	0.0	Continuous care	0.2	Hospice Aides	3.5
care provided by another hospice	0.0	Private Insurance	9.2	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	3.8	Self Pay	1.6	symptom mgmt	0.0	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.0	Speech/Language	
Deaths	95.5	Total Admissions	447	Total Patient Days	25,075	Pathologists	0.0
Total Discharges	425					Bereavement Counselors	0.5
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.5
DISCHARGES BY LENGTH OF STAY		Private residence	53.4%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	27.8%	Nursing home	28.1	Private residence	68.9%	Chaplain	0.0
8 - 14 days	20.9	Hospice res. fac.	18.5	Nursing home	24.3	Clerical/Office Support	3.3
15 - 29 days	18.4	Assisted living:		Hospice res. fac.	4.1	Volunteer Coordinator	0.5
30 - 59 days	15.3	Residential care		Assisted living:		Other	0.0
60 - 89 days	4.9	apt. complex	0.0	Residential care		Total FTEs	15.1
90 - 179 days	5.4	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	4.7	Community-based		Adult family home	0.0		
1 year or more	2.6	res. facility	0.0	Community-based			
Total Discharges	425	Inpatient facility	0.0	res. facility	2.7		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	406	Other site	0.0		
				Caseload	74		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2004:	600
						Total hours of service provided during 2004 by these volunteers:	5,450

Franciscan Skemp Hospice Services
 212 South 11th Street
 La Crosse WI 54601

License Number: 1507
 County: La Crosse
 (608) 791-9790

Page 19

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	31
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	191
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	34
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	90.1%	Medicare	83.9%
20 to 54	4.7	(cancer)	47.6%	Self-referral	3.1	Medicaid	6.5
55 to 64	10.5	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	15.2	disease	17.3	Hospital	1.6	Managed Care/HMO	0.0
75 to 84	30.4	Pulmonary disease	7.3	Home health agency	1.6	PACE/Partnership	0.0
85 to 94	32.5	Renal failure/		Nursing home	3.7	Private Insurance	9.7
95 & over	6.3	kidney disease	5.8	Assisted living:		Self Pay	0.0
Total Patients	191	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.0	apt. complex	0.0	Caseload	31
Male	46.1%	AIDS	0.0	Adult family home	0.0		
Female	53.9	ALS	1.0	Community-based			
Total Patients	191	Other	19.9	res. facility	0.0	STAFFING	FTEs*
		Total Patients	191	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	161			Total Patients	191	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	4.7
TOTAL DISCHARGES	162	Medicare	83.9%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	3.1	LEVEL OF CARE		Hospice Aides	3.8
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	97.9%	Physical Therapists	0.0
Hospice care not appropriate	9.3%	Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
care provided by		Private Insurance	12.4	symptom mgmt	0.8	Pathologists	0.0
another hospice	0.6	Self Pay	0.6	Respite care	1.3	Bereavement Counselors	0.2
Revocation of		Other	0.0	Total Patient Days	12,342	Social Workers	0.8
hospice benefit	1.9	Total Admissions	161			Dietary	0.0
Other	0.0			CASELOAD ON 12/31/04		Chaplain	0.8
Deaths	88.3	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.1
Total Discharges	162	OF OCCURRENCE		Private residence	80.6%	Volunteer Coordinator	0.0
		Private residence	41.3%	Nursing home	12.9	Other	0.0
		Nursing home	42.7	Hospice res. fac.	0.0	Total FTEs	12.5
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	22.8%	Residential care		apt. complex	6.5	Volunteers who served	
8 - 14 days	13.6	apt. complex	3.5	Adult family home	0.0	patients of the	
15 - 29 days	16.0	Community-based		Community-based		hospice in 2004:	56
30 - 59 days	17.9	res. facility	0.0	res. facility	0.0		
60 - 89 days	11.1	Inpatient facility	12.6	Inpatient facility	0.0	Total hours of	
90 - 179 days	10.5	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	3.1	Total Deaths	143	Caseload	31	during 2004 by these	
1 year or more	4.9					volunteers:	1,508
Total Discharges	162						

Gundersen Lutheran Medical Center
 811 Monitor Street, Suite 101
 La Crosse WI 54603

License Number: 2007
 County: La Crosse
 (608) 775-8400

Page 20

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 41
 Unduplicated Patient Count for 2004: 253
 Average Daily Census: 48
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	73.1%	Medicare	90.2%
20 to 54	8.7	(cancer)	55.7%	Self-referral	0.0	Medicaid	2.4
55 to 64	11.5	Cardiovascular		Patient's family	2.8	Medicare/Medicaid	0.0
65 to 74	20.9	disease	21.3	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	32.8	Pulmonary disease	3.6	Home health agency	5.5	PACE/Partnership	0.0
85 to 94	24.9	Renal failure/		Nursing home	15.4	Private Insurance	7.3
95 & over	1.2	kidney disease	3.2	Assisted living:		Self Pay	0.0
Total Patients	253	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.6	apt. complex	0.0	Caseload	41
Male	48.6%	AIDS	0.0	Adult family home	0.0		
Female	51.4	ALS	0.8	Community-based			
Total Patients	253	Other	13.8	res. facility	2.4	STAFFING	FTEs*
		Total Patients	253	Other	0.8	Administrators	1.0
TOTAL ADMISSIONS	215			Total Patients	253	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	12.5
TOTAL DISCHARGES	214	Medicare	85.6%			Lic. Prac. Nurses	0.0
		Medicaid	1.9	PATIENT DAYS BY		Hospice Aides	4.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	1.2
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.1%	Occupational Therapists	0.8
appropriate	3.7%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	11.2	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	1.4	symptom mgmt	0.3	Bereavement Counselors	0.7
another hospice	0.9	Other	0.0	Respite care	1.6	Social Workers	2.6
Revocation of		Total Admissions	215	Total Patient Days	17,531	Dietary	0.0
hospice benefit	0.9					Chaplain	1.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	4.7
Deaths	94.4	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.0
Total Discharges	214	Private residence	66.3%	Private residence	78.0%	Other	0.0
		Nursing home	23.3	Nursing home	14.6	Total FTEs	28.6
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	23.8%	apt. complex	0.0	apt. complex	2.4	Volunteers who served	
8 - 14 days	12.1	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	17.3	Community-based		Community-based		hospice in 2004:	37
30 - 59 days	17.8	res. facility	3.5	res. facility	4.9		
60 - 89 days	7.5	Inpatient facility	6.9	Inpatient facility	0.0	Total hours of	
90 - 179 days	15.0	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	5.1	Total Deaths	202	Caseload	41	during 2004 by these	
1 year or more	1.4					volunteers:	975
Total Discharges	214						

Lafayette County Hospice
729 Clay Street, PO Box 118
Darlington WI 53530

License Number: 538
County: Lafayette
(608) 776-4895

Page 21

Ownership of Hospice: Governmental County
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 3
Unduplicated Patient Count for 2004: 24
Average Daily Census: 3
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	12.5%	Medicare	100.0%
20 to 54	4.2	(cancer)	54.2%	Self-referral	0.0	Medicaid	0.0
55 to 64	4.2	Cardiovascular		Patient's family	20.8	Medicare/Medicaid	0.0
65 to 74	16.7	disease	8.3	Hospital	33.3	Managed Care/HMO	0.0
75 to 84	45.8	Pulmonary disease	25.0	Home health agency	8.3	PACE/Partnership	0.0
85 to 94	29.2	Renal failure/		Nursing home	20.8	Private Insurance	0.0
95 & over	0.0	kidney disease	4.2	Assisted living:		Self Pay	0.0
Total Patients	24	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	3
Male	45.8%	AIDS	0.0	Adult family home	0.0		
Female	54.2	ALS	0.0	Community-based			
Total Patients	24	Other	8.3	res. facility	0.0		
		Total Patients	24	Other	4.2	STAFFING	FTEs*
TOTAL ADMISSIONS	22			Total Patients	24	Administrators	0.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	21	Medicare	72.7%			Registered Nurses	1.2
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	13.6	LEVEL OF CARE		Hospice Aides	0.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.9%	Physical Therapists	0.0
appropriate	4.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	13.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.6	Pathologists	0.0
another hospice	4.8	Other	0.0	Respite care	1.4	Bereavement Counselors	0.0
Revocation of		Total Admissions	22	Total Patient Days	1,111	Social Workers	0.3
hospice benefit	4.8					Dietary	0.1
Other	0.0					Chaplain	0.0
Deaths	85.7	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	0.1
Total Discharges	21	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.0
		Private residence	55.6%	Private residence	33.3%	Other	0.0
		Nursing home	33.3	Nursing home	0.0	Total FTEs	1.7
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.6%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	9.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	23.8	Community-based		Community-based		patients of the	
30 - 59 days	28.6	res. facility	0.0	res. facility	33.3	hospice in 2004:	23
60 - 89 days	0.0	Inpatient facility	11.1	Inpatient facility	33.3		
90 - 179 days	4.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	4.8	Total Deaths	18	Caseload	3	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	21					volunteers:	302

Le Royer Hospice
112 East Fifth Avenue
Antigo WI 54409

License Number: 524
County: Langlade
(715) 623-2331

Page 22

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	94
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	8
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 53.2%	Physician 78.7%	Medicare 77.8%
20 to 54 6.4	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 7.4	Cardiovascular	Patient's family 14.9	Medicare/Medicaid 11.1
65 to 74 19.1	disease 23.4	Hospital 2.1	Managed Care/HMO 0.0
75 to 84 30.9	Pulmonary disease 5.3	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 33.0	Renal failure/	Nursing home 0.0	Private Insurance 11.1
95 & over 3.2	kidney disease 7.4	Assisted living:	Self Pay 0.0
Total Patients 94	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 2.1	apt. complex 0.0	Caseload 9
Male 46.8%	AIDS 0.0	Adult family home 0.0	
Female 53.2	ALS 0.0	Community-based	
Total Patients 94	Other 8.5	res. facility 3.2	
	Total Patients 94	Other 1.1	STAFFING FTEs*
TOTAL ADMISSIONS 84		Total Patients 94	Administrators 1.0
	ADMISSIONS BY PAY SOURCE		Physicians 0.0
TOTAL DISCHARGES 86	Medicare 85.7%		Registered Nurses 2.0
	Medicaid 0.0	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 3.6	LEVEL OF CARE	Hospice Aides 0.1
Hospice care not appropriate 1.2%	Managed Care/HMO 0.0	Routine home care 94.6%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 9.5	Inpatient care: acute	Speech/Language
another hospice 0.0	Self Pay 0.0	symptom mgmt 5.2	Pathologists 0.0
Revocation of hospice benefit 2.3	Other 1.2	Respite care 0.1	Bereavement Counselors 0.4
Other 0.0	Total Admissions 84	Total Patient Days 2,938	Social Workers 0.3
Deaths 96.5			Dietary 0.0
Total Discharges 86	DEATHS BY SITE	CASELOAD ON 12/31/04	Chaplain 0.3
	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 0.4
	Private residence 51.8%	Private residence 33.3%	Volunteer Coordinator 0.3
	Nursing home 3.6	Nursing home 11.1	Other 0.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 4.6
DISCHARGES BY	Assisted living:	Assisted living:	
LENGTH OF STAY	Residential care	Residential care	* Full-time equivalents
1 - 7 days 51.2%	apt. complex 0.0	apt. complex 0.0	
8 - 14 days 15.1	Adult family home 0.0	Adult family home 0.0	Volunteers who served
15 - 29 days 10.5	Community-based	Community-based	patients of the
30 - 59 days 16.3	res. facility 13.3	res. facility 44.4	hospice in 2004: 22
60 - 89 days 2.3	Inpatient facility 31.3	Inpatient facility 11.1	
90 - 179 days 2.3	Other site 0.0	Other site 0.0	Total hours of
180 days - 1 year 1.2	Total Deaths 83	Caseload 9	service provided
1 year or more 1.2			during 2004 by these
Total Discharges 86			volunteers: 2,450

Holy Family Memorial Hospice
333 Reed Avenue, PO Box 1450
Manitowoc WI 54221

License Number: 1527
County: Manitowoc
(920) 683-8437

Page 23

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	8
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	77
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	9
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 54.5%	Physician 44.2%	Medicare 100.0%
20 to 54 6.5	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 6.5	Cardiovascular	Patient's family 9.1	Medicare/Medicaid 0.0
65 to 74 16.9	disease 19.5	Hospital 31.2	Managed Care/HMO 0.0
75 to 84 42.9	Pulmonary disease 5.2	Home health agency 3.9	PACE/Partnership 0.0
85 to 94 26.0	Renal failure/	Nursing home 9.1	Private Insurance 0.0
95 & over 1.3	kidney disease 0.0	Assisted living:	Self Pay 0.0
Total Patients 77	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 6.5	apt. complex 0.0	Caseload 8
Male 50.6%	AIDS 0.0	Adult family home 0.0	
Female 49.4	ALS 1.3	Community-based	
Total Patients 77	Other 13.0	res. facility 2.6	
	Total Patients 77	Other 0.0	
TOTAL ADMISSIONS 63		Total Patients 77	
	ADMISSIONS BY PAY SOURCE		STAFFING FTEs*
TOTAL DISCHARGES 69	Medicare 92.1%		Administrators 0.2
	Medicaid 0.0	PATIENT DAYS BY	Physicians 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Registered Nurses 0.9
Hospice care not appropriate 7.2%	Managed Care/HMO 0.0	Routine home care 99.8%	Lic. Prac. Nurses 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Hospice Aides 0.5
care provided by	Private Insurance 6.3	Inpatient care: acute	Physical Therapists 0.0
another hospice 0.0	Self Pay 1.6	symptom mgmt 0.2	Occupational Therapists 0.0
Revocation of hospice benefit 1.4	Other 0.0	Respite care 0.0	Speech/Language Pathologists 0.0
Other 0.0	Total Admissions 63	Total Patient Days 3,185	Bereavement Counselors 0.1
Deaths 91.3			Social Workers 0.3
Total Discharges 69	DEATHS BY SITE OF OCCURRENCE	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS	Dietary 0.0
	Private residence 66.7%	Private residence 75.0%	Chaplain 0.3
	Nursing home 12.7	Nursing home 12.5	Clerical/Office Support 0.1
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Volunteer Coordinator 0.5
	Assisted living:	Assisted living:	Other 0.5
	Residential care	Residential care	Total FTEs 3.3
	apt. complex 1.6	apt. complex 0.0	
	Adult family home 0.0	Adult family home 0.0	* Full-time equivalents
	Community-based	Community-based	Volunteers who served patients of the hospice in 2004: 20
	res. facility 17.5	res. facility 12.5	
	Inpatient facility 1.6	Inpatient facility 0.0	Total hours of service provided during 2004 by these volunteers: 900
	Other site 0.0	Other site 0.0	
	Total Deaths 63	Caseload 8	
DISCHARGES BY LENGTH OF STAY			
1 - 7 days 29.0%			
8 - 14 days 14.5			
15 - 29 days 15.9			
30 - 59 days 15.9			
60 - 89 days 11.6			
90 - 179 days 10.1			
180 days - 1 year 2.9			
1 year or more 0.0			
Total Discharges 69			

Manitowoc County Community Hospice
 1004 Washington Street
 Manitowoc WI 54220

License Number: 1508
 County: Manitowoc
 (920) 684-7155

Page 24

Ownership of Hospice:	Proprietary Corporation	December 31, 2004 Caseload:	5
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	23
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	4
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	0.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	13.0%	Self-referral	4.3	Medicaid	0.0
55 to 64	4.3	Cardiovascular		Patient's family	34.8	Medicare/Medicaid	0.0
65 to 74	8.7	disease	17.4	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	21.7	Pulmonary disease	4.3	Home health agency	26.1	PACE/Partnership	0.0
85 to 94	47.8	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	17.4	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	23	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	47.8	apt. complex	0.0	Caseload	5
Male	17.4%	AIDS	0.0	Adult family home	0.0		
Female	82.6	ALS	4.3	Community-based			
Total Patients	23	Other	13.0	res. facility	34.8		
		Total Patients	23	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	18			Total Patients	23	Administrators	0.2
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	18	Medicare	94.4%			Registered Nurses	0.3
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.4
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	5.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	5.6	Other	0.0	Respite care	0.0	Bereavement Counselors	0.1
Revocation of		Total Admissions	18	Total Patient Days	1,445	Social Workers	0.1
hospice benefit	0.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	94.4	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.1
Total Discharges	18	Private residence	35.3%	Private residence	20.0%	Volunteer Coordinator	0.0
		Nursing home	17.6	Nursing home	20.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	1.2
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	22.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	22.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	11.1	Community-based		Community-based		patients of the	
30 - 59 days	11.1	res. facility	47.1	res. facility	60.0	hospice in 2004:	5
60 - 89 days	27.8	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	5.6	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	0.0	Total Deaths	17	Caseload	5	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	18					volunteers:	430

Aspirus Comfort Care and Hospice Services
 333 Pine Ridge Boulevard
 Wausau WI 54401

License Number: 1514
 County: Marathon
 (715) 847-2707

Page 25

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 86
 Unduplicated Patient Count for 2004: 577
 Average Daily Census: 89
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	73.0%	Medicare	72.1%
20 to 54	4.7	(cancer)	41.2%	Self-referral	1.9	Medicaid	1.2
55 to 64	7.8	Cardiovascular		Patient's family	10.9	Medicare/Medicaid	18.6
65 to 74	14.6	disease	18.9	Hospital	2.6	Managed Care/HMO	0.0
75 to 84	34.3	Pulmonary disease	11.4	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	33.4	Renal failure/		Nursing home	5.2	Private Insurance	7.0
95 & over	5.2	kidney disease	4.0	Assisted living:		Self Pay	1.2
Total Patients	577	Diabetes	0.2	Residential care		Other	0.0
		Alzheimer's disease	7.1	apt. complex	0.0	Caseload	86
Male	44.0%	AIDS	0.2	Adult family home	0.0		
Female	56.0	ALS	0.2	Community-based			
Total Patients	577	Other	16.8	res. facility	2.9		
		Total Patients	577	Other	2.1	STAFFING	FTEs*
TOTAL ADMISSIONS	513			Total Patients	577	Administrators	3.8
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	505	Medicare	73.3%			Registered Nurses	33.5
		Medicaid	2.9	PATIENT DAYS BY		Lic. Prac. Nurses	4.8
REASON FOR DISCHARGE		Medicare/Medicaid	16.8	LEVEL OF CARE		Hospice Aides	18.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	95.5%	Physical Therapists	0.0
appropriate	4.4%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	6.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.0	symptom mgmt	4.5	Pathologists	0.0
another hospice	0.2	Other	0.0	Respite care	0.0	Bereavement Counselors	1.0
Revocation of		Total Admissions	513	Total Patient Days	32,580	Social Workers	5.4
hospice benefit	3.8					Dietary	0.0
Other	2.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	1.0
Deaths	89.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	8.2
Total Discharges	505	Private residence	21.6%	Private residence	44.2%	Volunteer Coordinator	1.0
		Nursing home	23.4	Nursing home	29.1	Other	0.0
		Hospice res. fac.	8.8	Hospice res. fac.	8.1	Total FTEs	77.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.1%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	14.1	Community-based		Community-based		patients of the	
30 - 59 days	13.5	res. facility	12.8	res. facility	14.0	hospice in 2004:	322
60 - 89 days	5.7	Inpatient facility	33.3	Inpatient facility	4.7		
90 - 179 days	11.5	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	5.3	Total Deaths	453	Caseload	86	service provided	
1 year or more	4.6					during 2004 by these	
Total Discharges	505					volunteers:	13,493

Heartland Home Health Care and Hospice
13255 West Bluemound Road, Suite 100
Brookfield WI 53005

License Number: 2003
County: Milwaukee
(262) 641-0778

Page 26

Ownership of Hospice:	Proprietary Corporation	December 31, 2004 Caseload:	168
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	786
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	129
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 26.3%	Physician 12.1%	Medicare 81.0%
20 to 54 2.8	(cancer)	Self-referral 0.8	Medicaid 3.0
55 to 64 5.0	Cardiovascular	Patient's family 1.5	Medicare/Medicaid 14.3
65 to 74 9.5	disease 18.8	Hospital 7.4	Managed Care/HMO 0.6
75 to 84 33.8	Pulmonary disease 5.2	Home health agency 2.8	PACE/Partnership 0.0
85 to 94 40.2	Renal failure/	Nursing home 59.7	Private Insurance 1.2
95 & over 8.7	kidney disease 6.2	Assisted living:	Self Pay 0.0
Total Patients 786	Diabetes 0.8	Residential care	Other 0.0
	Alzheimer's disease 27.5	apt. complex 0.1	Caseload 168
Male 39.1%	AIDS 0.0	Adult family home 5.6	
Female 60.9	ALS 0.4	Community-based	
Total Patients 786	Other 14.8	res. facility 10.1	STAFFING FTEs*
	Total Patients 786	Other 0.0	Administrators 2.0
TOTAL ADMISSIONS 710		Total Patients 786	Physicians 0.0
	ADMISSIONS BY PAY SOURCE		Registered Nurses 19.0
TOTAL DISCHARGES 626	Medicare 70.6%		Lic. Prac. Nurses 3.0
	Medicaid 3.5	PATIENT DAYS BY	Hospice Aides 16.6
REASON FOR DISCHARGE	Medicare/Medicaid 22.1	LEVEL OF CARE	Physical Therapists 0.0
Hospice care not appropriate 2.4%	Managed Care/HMO 0.0	Routine home care 98.5%	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 1.2	Speech/Language
care provided by	Private Insurance 3.8	Inpatient care: acute	Pathologists 0.0
another hospice 0.5	Self Pay 0.0	symptom mgmt 0.2	Bereavement Counselors 1.4
Revocation of	Other 0.0	Respite care 0.0	Social Workers 5.8
hospice benefit 3.8	Total Admissions 710	Total Patient Days 47,255	Dietary 0.0
Other 1.3			Chaplain 3.5
Deaths 92.0	DEATHS BY SITE	CASELOAD ON 12/31/04	Clerical/Office Support 5.5
Total Discharges 626	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Volunteer Coordinator 1.4
	Private residence 20.0%	Private residence 20.2%	Other 0.3
	Nursing home 70.0	Nursing home 48.2	Total FTEs 58.4
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	
DISCHARGES BY	Assisted living:	Assisted living:	* Full-time equivalents
LENGTH OF STAY	Residential care	Residential care	
1 - 7 days 37.1%	apt. complex 0.3	apt. complex 0.6	Volunteers who served
8 - 14 days 12.8	Adult family home 2.4	Adult family home 14.3	patients of the
15 - 29 days 12.6	Community-based	Community-based	hospice in 2004: 29
30 - 59 days 8.3	res. facility 7.3	res. facility 16.1	
60 - 89 days 8.1	Inpatient facility 0.0	Inpatient facility 0.6	Total hours of
90 - 179 days 11.8	Other site 0.0	Other site 0.0	service provided
180 days - 1 year 6.4	Total Deaths 576	Caseload 168	during 2004 by these
1 year or more 2.9			volunteers: 2,620
Total Discharges 626			

Horizon Health Care and Hospice
8949 North Deerbrook Trail
Brown Deer WI 53223

License Number: 525
County: Milwaukee
(414) 365-8300

Page 27

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 57
Unduplicated Patient Count for 2004: 433
Average Daily Census: 42
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	41.3%	Medicare	84.2%
20 to 54	9.7	(cancer)	60.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	13.9	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	21.0	disease	15.0	Hospital	50.3	Managed Care/HMO	1.8
75 to 84	30.0	Pulmonary disease	3.5	Home health agency	3.9	PACE/Partnership	0.0
85 to 94	20.8	Renal failure/		Nursing home	3.0	Private Insurance	14.0
95 & over	4.6	kidney disease	3.0	Assisted living:		Self Pay	0.0
Total Patients	433	Diabetes	0.5	Residential care		Other	0.0
		Alzheimer's disease	4.6	apt. complex	0.0	Caseload	57
Male	48.5%	AIDS	0.2	Adult family home	0.5		
Female	51.5	ALS	0.0	Community-based			
Total Patients	433	Other	12.7	res. facility	0.9	STAFFING	FTEs*
		Total Patients	433	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	414			Total Patients	433	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	5.6
TOTAL DISCHARGES	397	Medicare	75.4%			Lic. Prac. Nurses	0.9
		Medicaid	4.1	PATIENT DAYS BY		Hospice Aides	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	1.9	Routine home care	95.3%	Occupational Therapists	0.0
appropriate	0.3%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	18.1	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.5	symptom mgmt	4.3	Bereavement Counselors	0.1
another hospice	5.5	Other	0.0	Respite care	0.4	Social Workers	1.4
Revocation of		Total Admissions	414	Total Patient Days	15,530	Dietary	0.0
hospice benefit	12.8					Chaplain	2.4
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	1.0
Deaths	81.4	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	1.0
Total Discharges	397	Private residence	66.9%	Private residence	94.7%	Other	0.1
		Nursing home	2.5	Nursing home	1.8	Total FTEs	14.5
		Hospice res. fac.	1.9	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	42.3%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	12.1	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	13.4	Community-based		Community-based		hospice in 2004:	33
30 - 59 days	13.6	res. facility	1.2	res. facility	0.0		
60 - 89 days	6.0	Inpatient facility	27.6	Inpatient facility	3.5	Total hours of	
90 - 179 days	8.1	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	3.5	Total Deaths	323	Caseload	57	during 2004 by these	
1 year or more	1.0					volunteers:	587
Total Discharges	397						

Aseracare Hospice
4861 South 27th Street
Greenfield WI 53221

License Number: 549
County: Milwaukee
(414) 282-4041

Page 28

Ownership of Hospice:	Proprietary Corporation	December 31, 2004 Caseload:	100
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	448
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	90
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	4.5%	Medicare	52.0%
20 to 54	2.5	(cancer)	21.2%	Self-referral	0.0	Medicaid	1.0
55 to 64	2.7	Cardiovascular		Patient's family	4.9	Medicare/Medicaid	45.0
65 to 74	6.7	disease	15.2	Hospital	4.0	Managed Care/HMO	0.0
75 to 84	40.2	Pulmonary disease	2.9	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	41.1	Renal failure/		Nursing home	73.0	Private Insurance	1.0
95 & over	6.9	kidney disease	3.3	Assisted living:		Self Pay	0.0
Total Patients	448	Diabetes	3.6	Residential care		Other	1.0
		Alzheimer's disease	24.8	apt. complex	0.0	Caseload	100
Male	38.2%	AIDS	0.0	Adult family home	0.0		
Female	61.8	ALS	0.0	Community-based			
Total Patients	448	Other	29.0	res. facility	11.2		
		Total Patients	448	Other	2.5	STAFFING	FTEs*
TOTAL ADMISSIONS	399			Total Patients	448	Administrators	3.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	366	Medicare	38.1%			Registered Nurses	10.9
		Medicaid	3.5	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	57.9	LEVEL OF CARE		Hospice Aides	8.0
Hospice care not		Managed Care/HMO	0.3	Routine home care	99.9%	Physical Therapists	0.0
appropriate	9.6%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	0.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.5	Other	0.3	Respite care	0.1	Bereavement Counselors	0.5
Revocation of		Total Admissions	399	Total Patient Days	32,996	Social Workers	2.5
hospice benefit	10.7					Dietary	0.1
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	2.0
Deaths	79.2	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	3.0
Total Discharges	366	Private residence	8.6%	Private residence	9.0%	Volunteer Coordinator	1.0
		Nursing home	81.0	Nursing home	72.0	Other	3.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	33.9
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.0	Community-based		Community-based		patients of the	
30 - 59 days	15.8	res. facility	10.3	res. facility	19.0	hospice in 2004:	24
60 - 89 days	8.2	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	11.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	7.1	Total Deaths	290	Caseload	100	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	366					volunteers:	2,918

Columbia St. Mary's Hospice
 2025 East Newport Avenue
 Milwaukee WI 53211

License Number: 521
 County: Milwaukee
 (414) 961-8080

Page 29

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 0
 Unduplicated Patient Count for 2004: 414
 Average Daily Census: 9
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	31.9%	Medicare	0.0%
20 to 54	15.7	(cancer)	55.8%	Self-referral	46.6	Medicaid	0.0
55 to 64	14.7	Cardiovascular		Patient's family	21.5	Medicare/Medicaid	0.0
65 to 74	16.9	disease	12.8	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	31.4	Pulmonary disease	3.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	19.6	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	1.7	kidney disease	2.7	Assisted living:		Self Pay	0.0
Total Patients	414	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	0
Male	44.0%	AIDS	1.2	Adult family home	0.0		
Female	56.0	ALS	0.0	Community-based			
Total Patients	414	Other	23.9	res. facility	0.0	STAFFING	FTEs*
		Total Patients	414	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	414			Total Patients	414	Physicians	1.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	13.3
TOTAL DISCHARGES	414	Medicare	23.2%			Lic. Prac. Nurses	0.0
		Medicaid	2.7	PATIENT DAYS BY		Hospice Aides	0.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	60.6	Routine home care	0.0%	Occupational Therapists	0.0
appropriate	0.5%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	13.5	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	92.3	Bereavement Counselors	0.2
another hospice	30.0	Other	0.0	Respite care	7.7	Social Workers	0.6
Revocation of		Total Admissions	414	Total Patient Days	3,228	Dietary	0.0
hospice benefit	0.0					Chaplain	0.4
Other	2.9	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	1.0
Deaths	66.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.2
Total Discharges	414	Private residence	0.0%	Private residence	0.0%	Other	0.0
		Nursing home	0.0	Nursing home	0.0	Total FTEs	18.1
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	66.2%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	19.1	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	12.1	Community-based		Community-based		hospice in 2004:	12
30 - 59 days	1.9	res. facility	0.0	res. facility	0.0		
60 - 89 days	0.2	Inpatient facility	100.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	0.5	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	0.0	Total Deaths	276	Caseload	0	during 2004 by these	
1 year or more	0.0					volunteers:	2,291
Total Discharges	414						

Covenant Hospice Palliative Care
 9688 West Appleton Avenue
 Milwaukee WI 53225

License Number: 556
 County: Milwaukee
 (414) 535-7070

Page 30

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 65
 Unduplicated Patient Count for 2004: 762
 Average Daily Census: 43
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	30.8%	Medicare	78.5%
20 to 54	9.7	(cancer)	39.8%	Self-referral	0.7	Medicaid	7.7
55 to 64	12.6	Cardiovascular		Patient's family	1.6	Medicare/Medicaid	4.6
65 to 74	14.2	disease	9.7	Hospital	50.5	Managed Care/HMO	0.0
75 to 84	31.8	Pulmonary disease	7.6	Home health agency	1.6	PACE/Partnership	0.0
85 to 94	27.0	Renal failure/		Nursing home	13.8	Private Insurance	9.2
95 & over	4.2	kidney disease	3.3	Assisted living:		Self Pay	0.0
Total Patients	762	Diabetes	0.4	Residential care		Other	0.0
		Alzheimer's disease	4.9	apt. complex	0.3	Caseload	65
Male	45.9%	AIDS	0.3	Adult family home	0.0		
Female	54.1	ALS	0.8	Community-based			
Total Patients	762	Other	33.3	res. facility	0.8	STAFFING	FTEs*
		Total Patients	762	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	711			Total Patients	762	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	9.5
TOTAL DISCHARGES	702	Medicare	73.7%			Lic. Prac. Nurses	0.0
		Medicaid	9.0	PATIENT DAYS BY		Hospice Aides	3.7
REASON FOR DISCHARGE		Medicare/Medicaid	2.3	LEVEL OF CARE		Physical Therapists	0.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	92.9%	Occupational Therapists	0.0
appropriate	2.0%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	14.6	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.4	symptom mgmt	7.0	Bereavement Counselors	0.5
another hospice	3.1	Other	0.0	Respite care	0.1	Social Workers	3.0
Revocation of		Total Admissions	711	Total Patient Days	15,741	Dietary	0.0
hospice benefit	3.7					Chaplain	1.3
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	1.5
Deaths	91.2	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.5
Total Discharges	702	Private residence	51.4%	Private residence	72.3%	Other	1.0
		Nursing home	14.5	Nursing home	13.8	Total FTEs	22.1
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	52.4%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	16.8	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	11.7	Community-based		Community-based		hospice in 2004:	47
30 - 59 days	9.3	res. facility	1.9	res. facility	4.6		
60 - 89 days	3.4	Inpatient facility	32.2	Inpatient facility	9.2	Total hours of	
90 - 179 days	4.6	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	1.7	Total Deaths	640	Caseload	65	during 2004 by these	
1 year or more	0.1					volunteers:	1,243
Total Discharges	702						

Ruth Hospice
8526 West Mill Road
Milwaukee WI 53225

License Number: 2002
County: Milwaukee
(414) 607-4710

Page 31

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 19
Unduplicated Patient Count for 2004: 584
Average Daily Census: 18
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	1.2%	Medicare	78.9%
20 to 54	0.7	(cancer)	52.7%	Self-referral	1.0	Medicaid	0.0
55 to 64	6.2	Cardiovascular		Patient's family	5.0	Medicare/Medicaid	0.0
65 to 74	16.4	disease	16.1	Hospital	68.7	Managed Care/HMO	0.0
75 to 84	39.0	Pulmonary disease	6.3	Home health agency	17.6	PACE/Partnership	0.0
85 to 94	35.1	Renal failure/		Nursing home	5.8	Private Insurance	5.3
95 & over	2.6	kidney disease	4.8	Assisted living:		Self Pay	10.5
Total Patients	584	Diabetes	0.0	Residential care		Other	5.3
		Alzheimer's disease	4.3	apt. complex	0.2	Caseload	19
Male	44.3%	AIDS	0.0	Adult family home	0.0		
Female	55.7	ALS	0.3	Community-based			
Total Patients	584	Other	15.4	res. facility	0.5		
		Total Patients	584	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	570			Total Patients	584	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	571	Medicare	88.2%			Registered Nurses	11.8
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.8
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	10.6
Hospice care not appropriate	1.2%	Managed Care/HMO	0.4	Routine home care	64.5%	Physical Therapists	0.0
Transferred:		PACE/Partnership	0.4	Continuous care	0.0	Occupational Therapists	0.0
care provided by another hospice	0.4	Private Insurance	3.3	Inpatient care: acute		Speech/Language	
Revocation of hospice benefit	0.2	Self Pay	0.5	symptom mgmt	34.3	Pathologists	0.0
Other	1.9	Other	7.2	Respite care	1.2	Bereavement Counselors	1.0
Deaths	96.3	Total Admissions	570	Total Patient Days	6,642	Social Workers	1.0
Total Discharges	571					Dietary	1.0
		DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.4
DISCHARGES BY LENGTH OF STAY		OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
1 - 7 days	62.3%	Private residence	0.0%	Private residence	0.0%	Volunteer Coordinator	1.0
8 - 14 days	20.8	Nursing home	0.0	Nursing home	0.0	Other	0.0
15 - 29 days	10.0	Hospice res. fac.	100.0	Hospice res. fac.	100.0	Total FTEs	29.6
30 - 59 days	4.0	Assisted living:		Assisted living:			
60 - 89 days	1.6	Residential care		Residential care		* Full-time equivalents	
90 - 179 days	0.5	apt. complex	0.0	apt. complex	0.0		
180 days - 1 year	0.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served patients of the hospice in 2004:	47
1 year or more	0.4	Community-based		Community-based			
Total Discharges	571	res. facility	0.0	res. facility	0.0	Total hours of service provided during 2004 by these volunteers:	2,581
		Inpatient facility	0.0	Inpatient facility	0.0		
		Other site	0.0	Other site	0.0		
		Total Deaths	550	Caseload	19		

Seasons Hospice & Palliative Care of WI
4650 North Port Washington Road
Milwaukee WI 53212

License Number: 2008
County: Milwaukee
(414) 203-8310

Page 32

Ownership of Hospice:	Proprietary Corporation	December 31, 2004 Caseload:	53
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	332
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	37
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 52.7%	Physician 51.5%	Medicare 88.7%
20 to 54 9.9	(cancer)	Self-referral 0.0	Medicaid 5.7
55 to 64 10.2	Cardiovascular	Patient's family 4.5	Medicare/Medicaid 0.0
65 to 74 15.7	disease 7.2	Hospital 6.6	Managed Care/HMO 0.0
75 to 84 29.2	Pulmonary disease 6.0	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 28.6	Renal failure/	Nursing home 26.8	Private Insurance 3.8
95 & over 6.3	kidney disease 2.1	Assisted living:	Self Pay 1.9
Total Patients 332	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 10.8	apt. complex 0.0	Caseload 53
Male 41.6%	AIDS 0.0	Adult family home 0.6	
Female 58.4	ALS 0.0	Community-based	
Total Patients 332	Other 21.1	res. facility 0.9	STAFFING FTEs*
TOTAL ADMISSIONS 315	Total Patients 332	Other 9.0	Administrators 1.0
	ADMISSIONS BY PAY SOURCE	Total Patients 332	Physicians 1.0
TOTAL DISCHARGES 288	Medicare 83.5%		Registered Nurses 7.1
	Medicaid 5.1	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Hospice Aides 4.3
Hospice care not appropriate 1.4%	Managed Care/HMO 0.0	Routine home care 94.7%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 1.2	Occupational Therapists 0.0
care provided by another hospice 3.5	Private Insurance 10.2	Inpatient care: acute symptom mgmt 3.8	Speech/Language Pathologists 0.0
Revocation of hospice benefit 5.9	Self Pay 0.3	Respite care 0.3	Bereavement Counselors 1.0
Other 4.5	Other 1.0	Total Patient Days 13,542	Social Workers 1.0
Deaths 84.7	Total Admissions 315		Dietary 0.0
Total Discharges 288		CASELOAD ON 12/31/04	Chaplain 1.0
	DEATHS BY SITE	BY LIVING ARRANGEMENTS	Clerical/Office Support 3.0
	OF OCCURRENCE	Private residence 43.4%	Volunteer Coordinator 1.0
	Private residence 40.6%	Nursing home 43.4	Other 0.0
	Nursing home 45.9	Hospice res. fac. 0.0	Total FTEs 20.4
	Hospice res. fac. 0.0	Assisted living:	
DISCHARGES BY LENGTH OF STAY	Assisted living:	Residential care	* Full-time equivalents
1 - 7 days 33.0%	Residential care	apt. complex 0.0	
8 - 14 days 13.9	apt. complex 0.0	Adult family home 0.0	Volunteers who served patients of the hospice in 2004: 13
15 - 29 days 17.0	Adult family home 0.0	Community-based	
30 - 59 days 18.1	Community-based	res. facility 11.3	Total hours of service provided during 2004 by these volunteers: 10,555
60 - 89 days 8.0	res. facility 0.0	Inpatient facility 1.9	
90 - 179 days 6.3	Inpatient facility 13.5	Other site 0.0	
180 days - 1 year 3.1	Other site 0.0	Caseload 53	
1 year or more 0.7	Total Deaths 244		
Total Discharges 288			

VNA of Wisconsin Hospice
11333 West National Avenue
Milwaukee WI 53227

License Number: 1528
County: Milwaukee
(414) 327-2295

Page 33

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 128
Unduplicated Patient Count for 2004: 1,114
Average Daily Census: 93
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	2.1%	Malignant neoplasm		Physician	53.9%	Medicare	78.1%
20 to 54	8.8	(cancer)	54.7%	Self-referral	0.3	Medicaid	8.6
55 to 64	9.8	Cardiovascular		Patient's family	1.1	Medicare/Medicaid	0.0
65 to 74	21.7	disease	29.4	Hospital	35.9	Managed Care/HMO	0.8
75 to 84	31.1	Pulmonary disease	6.6	Home health agency	5.5	PACE/Partnership	0.0
85 to 94	23.2	Renal failure/		Nursing home	2.0	Private Insurance	11.7
95 & over	3.3	kidney disease	3.1	Assisted living:		Self Pay	0.8
Total Patients	1,114	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.4	apt. complex	0.0	Caseload	128
Male	43.8%	AIDS	0.0	Adult family home	0.0		
Female	56.2	ALS	1.1	Community-based			
Total Patients	1,114	Other	1.8	res. facility	0.0		
		Total Patients	1,114	Other	1.4		
TOTAL ADMISSIONS	1,055			Total Patients	1,114		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	1,059	Medicare	80.4%			Administrators	6.0
		Medicaid	5.2			Physicians	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	14.0
Hospice care not appropriate	11.9%	Managed Care/HMO	0.6	Routine home care	97.2%	Lic. Prac. Nurses	0.4
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	9.8
care provided by another hospice	3.4	Private Insurance	13.1	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	2.5	Self Pay	0.8	symptom mgmt	2.2	Occupational Therapists	0.0
Other	7.0	Other	0.0	Respite care	0.5	Speech/Language	
Deaths	75.2	Total Admissions	1,055	Total Patient Days	34,054	Pathologists	0.0
Total Discharges	1,059					Bereavement Counselors	2.5
		DEATHS BY SITE OF OCCURRENCE				Social Workers	6.0
DISCHARGES BY LENGTH OF STAY		Private residence	78.9%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Dietary	1.0
1 - 7 days	33.3%	Nursing home	1.1	Private residence	90.6%	Chaplain	0.0
8 - 14 days	14.0	Hospice res. fac.	11.6	Nursing home	1.6	Clerical/Office Support	5.5
15 - 29 days	17.6	Assisted living:		Hospice res. fac.	3.1	Volunteer Coordinator	2.0
30 - 59 days	15.6	Residential care		Assisted living:		Other	2.9
60 - 89 days	8.0	apt. complex	0.0	Residential care		Total FTEs	51.1
90 - 179 days	6.2	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	4.4	Community-based		Adult family home	0.0		
1 year or more	0.8	res. facility	1.6	Community-based			
Total Discharges	1,059	Inpatient facility	6.8	res. facility	0.0		
		Other site	0.0	Inpatient facility	4.7		
		Total Deaths	796	Other site	0.0		
				Caseload	128		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2004:	258
						Total hours of service provided during 2004 by these volunteers:	9,927

Vitas Healthcare Corp. of Wisconsin
2675 North Mayfair Road, Suite 480
Wauwatosa WI 53226

License Number: 547
County: Milwaukee
(414) 257-2600

Page 34

Ownership of Hospice:	Proprietary Corporation	December 31, 2004 Caseload:	231
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	1,510
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	231
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	20.4%	Medicare	95.7%
20 to 54	4.6	(cancer)	37.9%	Self-referral	0.3	Medicaid	1.3
55 to 64	6.3	Cardiovascular		Patient's family	9.3	Medicare/Medicaid	0.0
65 to 74	14.7	disease	15.1	Hospital	30.7	Managed Care/HMO	0.0
75 to 84	30.2	Pulmonary disease	5.9	Home health agency	0.7	PACE/Partnership	0.0
85 to 94	30.5	Renal failure/		Nursing home	33.9	Private Insurance	1.7
95 & over	13.7	kidney disease	2.1	Assisted living:		Self Pay	0.0
Total Patients	1,510	Diabetes	0.0	Residential care		Other	1.3
		Alzheimer's disease	11.5	apt. complex	0.4	Caseload	231
Male	38.7%	AIDS	0.3	Adult family home	0.0		
Female	61.3	ALS	0.6	Community-based			
Total Patients	1,510	Other	26.7	res. facility	4.4		
		Total Patients	1,510	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	1,305			Total Patients	1,510	Administrators	2.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.9
TOTAL DISCHARGES	1,282	Medicare	92.2%	PATIENT DAYS BY		Registered Nurses	26.8
		Medicaid	2.6	LEVEL OF CARE		Lic. Prac. Nurses	20.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.1	Routine home care	94.4%	Hospice Aides	27.4
Hospice care not		Managed Care/HMO	0.2	Continuous care	2.7	Physical Therapists	0.1
appropriate	3.3%	PACE/Partnership	0.0	Inpatient care: acute		Occupational Therapists	0.1
Transferred:		Private Insurance	4.1	symptom mgmt	2.8	Speech/Language	
care provided by		Self Pay	0.0	Respite care	0.1	Pathologists	0.1
another hospice	1.9	Other	0.9	Total Patient Days	84,691	Bereavement Counselors	0.6
Revocation of		Total Admissions	1,305			Social Workers	4.7
hospice benefit	6.0			CASELOAD ON 12/31/04		Dietary	0.0
Other	0.2	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Chaplain	4.0
Deaths	88.6	OF OCCURRENCE		Private residence	35.1%	Clerical/Office Support	7.7
Total Discharges	1,282	Private residence	32.1%	Nursing home	44.2	Volunteer Coordinator	0.6
		Nursing home	42.0	Hospice res. fac.	0.0	Other	5.0
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:		Total FTEs	100.1
LENGTH OF STAY		Assisted living:		Residential care			
1 - 7 days	35.6%	Residential care		apt. complex	1.3	* Full-time equivalents	
8 - 14 days	13.5	apt. complex	1.1	Adult family home	0.0	Volunteers who served	
15 - 29 days	13.4	Adult family home	0.0	Community-based		patients of the	
30 - 59 days	13.3	Community-based		res. facility	15.6	hospice in 2004:	57
60 - 89 days	6.6	res. facility	3.2	Inpatient facility	3.9	Total hours of	
90 - 179 days	8.7	Inpatient facility	21.7	Other site	0.0	service provided	
180 days - 1 year	6.6	Other site	0.0	Caseload	231	during 2004 by these	
1 year or more	2.3	Total Deaths	1,136			volunteers:	3,559
Total Discharges	1,282						

Odyssey Healthcare of Milwaukee
 10150 West National Avenue, Suite 200
 West Allis WI 53227

License Number: 553
 County: Milwaukee
 (214) 922-9711

Page 35

Ownership of Hospice:	Proprietary Partnership	December 31, 2004 Caseload:	127
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	546
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	137
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	3.5%	Medicare	37.0%
20 to 54	2.7	(cancer)	12.8%	Self-referral	0.0	Medicaid	1.6
55 to 64	4.0	Cardiovascular		Patient's family	2.9	Medicare/Medicaid	60.6
65 to 74	9.2	disease	4.8	Hospital	3.3	Managed Care/HMO	0.0
75 to 84	32.6	Pulmonary disease	4.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	41.4	Renal failure/		Nursing home	78.9	Private Insurance	0.8
95 & over	10.1	kidney disease	2.2	Assisted living:		Self Pay	0.0
Total Patients	546	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	32.4	apt. complex	0.0	Caseload	127
Male	28.0%	AIDS	0.2	Adult family home	0.0		
Female	72.0	ALS	0.2	Community-based			
Total Patients	546	Other	42.9	res. facility	9.0		
		Total Patients	546	Other	2.4	STAFFING	FTEs*
TOTAL ADMISSIONS	411			Total Patients	546	Administrators	9.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	430	Medicare	46.0%			Registered Nurses	16.5
		Medicaid	2.7	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	49.1	LEVEL OF CARE		Hospice Aides	13.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.9%	Physical Therapists	0.0
appropriate	5.6%	PACE/Partnership	0.0	Continuous care	0.1	Occupational Therapists	0.0
Transferred:		Private Insurance	2.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	2.3	Other	0.0	Respite care	0.0	Bereavement Counselors	1.0
Revocation of		Total Admissions	411	Total Patient Days	50,139	Social Workers	4.0
hospice benefit	4.9					Dietary	1.0
Other	0.2	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	3.0
Deaths	87.0	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	5.0
Total Discharges	430	Private residence	9.9%	Private residence	7.1%	Volunteer Coordinator	1.0
		Nursing home	89.8	Nursing home	84.3	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	53.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	25.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	12.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	11.4	Community-based		Community-based		patients of the	
30 - 59 days	12.1	res. facility	0.3	res. facility	8.7	hospice in 2004:	25
60 - 89 days	5.6	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	10.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	12.6	Total Deaths	374	Caseload	127	service provided	
1 year or more	9.8					during 2004 by these	
Total Discharges	430					volunteers:	27,225

Hospice Touch
300 Butts Avenue
Tomah WI 54660

License Number: 531
County: Monroe
(608) 374-0250

Page 36

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 16
Unduplicated Patient Count for 2004: 149
Average Daily Census: 19
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	49.0%	Medicare	75.0%
20 to 54	5.4	(cancer)	63.1%	Self-referral	1.3	Medicaid	0.0
55 to 64	15.4	Cardiovascular		Patient's family	20.1	Medicare/Medicaid	0.0
65 to 74	20.1	disease	18.1	Hospital	23.5	Managed Care/HMO	0.0
75 to 84	32.9	Pulmonary disease	5.4	Home health agency	2.7	PACE/Partnership	0.0
85 to 94	23.5	Renal failure/		Nursing home	0.0	Private Insurance	18.8
95 & over	2.7	kidney disease	3.4	Assisted living:		Self Pay	0.0
Total Patients	149	Diabetes	0.0	Residential care		Other	6.3
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	16
Male	51.0%	AIDS	0.7	Adult family home	0.0		
Female	49.0	ALS	0.7	Community-based			
Total Patients	149	Other	8.7	res. facility	1.3		
		Total Patients	149	Other	2.0	STAFFING	FTEs*
TOTAL ADMISSIONS	138			Total Patients	149	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	140	Medicare	83.3%			Registered Nurses	6.4
		Medicaid	4.3	PATIENT DAYS BY		Lic. Prac. Nurses	1.3
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	6.9
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.9%	Physical Therapists	0.0
appropriate	2.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	11.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.7	symptom mgmt	1.6	Pathologists	0.0
another hospice	0.7	Other	0.0	Respite care	0.4	Bereavement Counselors	0.4
Revocation of		Total Admissions	138	Total Patient Days	7,122	Social Workers	1.0
hospice benefit	12.1					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.1
Deaths	85.0	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	140	Private residence	67.2%	Private residence	68.8%	Volunteer Coordinator	0.8
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	17.6	Hospice res. fac.	25.0	Total FTEs	18.9
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	22.1%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	21.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	17.9	Community-based		Community-based		patients of the	
30 - 59 days	15.0	res. facility	5.9	res. facility	6.3	hospice in 2004:	77
60 - 89 days	5.7	Inpatient facility	9.2	Inpatient facility	0.0		
90 - 179 days	15.7	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.1	Total Deaths	119	Caseload	16	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	140					volunteers:	1,564

Dr. Kate Hospice
1571 Highway 51 North, Suite C, PO Box 770
Woodruff WI 54568

License Number: 1509
County: Oneida
(715) 356-8805

Page 37

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	40
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	282
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	38
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 50.7%	Physician 30.9%	Medicare 80.0%
20 to 54 5.0	(cancer)	Self-referral 0.0	Medicaid 7.5
55 to 64 7.1	Cardiovascular	Patient's family 3.9	Medicare/Medicaid 0.0
65 to 74 23.4	disease 20.2	Hospital 47.5	Managed Care/HMO 0.0
75 to 84 35.5	Pulmonary disease 8.9	Home health agency 5.7	PACE/Partnership 0.0
85 to 94 24.8	Renal failure/	Nursing home 4.6	Private Insurance 10.0
95 & over 4.3	kidney disease 2.5	Assisted living:	Self Pay 2.5
Total Patients 282	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 2.8	apt. complex 0.0	Caseload 40
Male 51.4%	AIDS 0.0	Adult family home 0.0	
Female 48.6	ALS 1.1	Community-based	
Total Patients 282	Other 13.8	res. facility 0.7	STAFFING FTEs*
TOTAL ADMISSIONS 254	Total Patients 282	Other 6.7	Administrators 2.6
	ADMISSIONS BY PAY SOURCE	Total Patients 282	Physicians 0.0
TOTAL DISCHARGES 247	Medicare 84.6%		Registered Nurses 5.3
	Medicaid 3.1	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Hospice Aides 10.3
Hospice care not appropriate 3.2%	Managed Care/HMO 0.0	Routine home care 99.2%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 9.8	Inpatient care: acute	Speech/Language
another hospice 1.2	Self Pay 2.4	symptom mgmt 0.6	Pathologists 0.0
Revocation of hospice benefit 1.2	Other 0.0	Respite care 0.2	Bereavement Counselors 1.0
Other 4.9	Total Admissions 254	Total Patient Days 14,043	Social Workers 2.0
Deaths 89.5	DEATHS BY SITE	CASELOAD ON 12/31/04	Dietary 0.0
Total Discharges 247	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Chaplain 1.0
	Private residence 60.2%	Private residence 70.0%	Clerical/Office Support 2.0
	Nursing home 8.1	Nursing home 7.5	Volunteer Coordinator 1.1
	Hospice res. fac. 19.0	Hospice res. fac. 20.0	Other 0.0
DISCHARGES BY LENGTH OF STAY	Assisted living:	Assisted living:	Total FTEs 25.3
1 - 7 days 35.2%	Residential care	Residential care	
8 - 14 days 15.4	apt. complex 2.7	apt. complex 0.0	* Full-time equivalents
15 - 29 days 13.4	Adult family home 0.0	Adult family home 0.0	Volunteers who served
30 - 59 days 17.0	Community-based	Community-based	patients of the
60 - 89 days 7.3	res. facility 0.0	res. facility 2.5	hospice in 2004: 140
90 - 179 days 6.5	Inpatient facility 10.0	Inpatient facility 0.0	Total hours of
180 days - 1 year 3.2	Other site 0.0	Other site 0.0	service provided
1 year or more 2.0	Total Deaths 221	Caseload 40	during 2004 by these
Total Discharges 247			volunteers: 9,253

Ministry Home Care Hospice Stevens Point
2501 Main Street, Suite A
Stevens Point WI 54481

License Number: 503
County: Portage
(715) 346-5355

Page 38

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	27
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	189
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	35
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.5%	Malignant neoplasm 42.9%	Physician 41.8%	Medicare 81.5%
20 to 54 3.7	(cancer)	Self-referral 0.5	Medicaid 0.0
55 to 64 5.8	Cardiovascular	Patient's family 7.4	Medicare/Medicaid 18.5
65 to 74 16.4	disease 19.0	Hospital 35.4	Managed Care/HMO 0.0
75 to 84 31.7	Pulmonary disease 6.9	Home health agency 3.2	PACE/Partnership 0.0
85 to 94 32.8	Renal failure/	Nursing home 5.8	Private Insurance 0.0
95 & over 9.0	kidney disease 4.8	Assisted living:	Self Pay 0.0
Total Patients 189	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 13.8	apt. complex 0.0	Caseload 27
Male 39.7%	AIDS 0.0	Adult family home 0.0	
Female 60.3	ALS 0.5	Community-based	
Total Patients 189	Other 12.2	res. facility 5.3	STAFFING FTEs*
TOTAL ADMISSIONS 163	Total Patients 189	Other 0.5	Administrators 1.0
	ADMISSIONS BY PAY SOURCE	Total Patients 189	Physicians 0.0
TOTAL DISCHARGES 167	Medicare 82.8%		Registered Nurses 5.8
	Medicaid 0.6	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 8.0	LEVEL OF CARE	Hospice Aides 1.0
Hospice care not appropriate 6.6%	Managed Care/HMO 0.6	Routine home care 98.9%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 8.0	Inpatient care: acute	Speech/Language
another hospice 0.6	Self Pay 0.0	symptom mgmt 0.7	Pathologists 0.0
Revocation of	Other 0.0	Respite care 0.4	Bereavement Counselors 1.0
hospice benefit 1.8	Total Admissions 163	Total Patient Days 12,960	Social Workers 1.8
Other 3.6			Dietary 0.0
Deaths 87.4	DEATHS BY SITE	CASELOAD ON 12/31/04	Chaplain 0.6
Total Discharges 167	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 1.0
	Private residence 56.2%	Private residence 55.6%	Volunteer Coordinator 1.0
	Nursing home 12.3	Nursing home 18.5	Other 0.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 13.2
DISCHARGES BY	Assisted living:	Assisted living:	
LENGTH OF STAY	Residential care	Residential care	* Full-time equivalents
1 - 7 days 26.3%	apt. complex 0.0	apt. complex 0.0	
8 - 14 days 16.8	Adult family home 0.0	Adult family home 0.0	Volunteers who served
15 - 29 days 13.8	Community-based	Community-based	patients of the
30 - 59 days 14.4	res. facility 21.9	res. facility 25.9	hospice in 2004: 100
60 - 89 days 6.0	Inpatient facility 9.6	Inpatient facility 0.0	
90 - 179 days 8.4	Other site 0.0	Other site 0.0	Total hours of
180 days - 1 year 7.2	Total Deaths 146	Caseload 27	service provided
1 year or more 7.2			during 2004 by these
Total Discharges 167			volunteers: 2,157

Flambeau Home Health and Hospice
 133 North Lake Avenue
 Phillips WI 54555

License Number: 552
 County: Price
 (715) 339-4371

Page 39

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 7
 Unduplicated Patient Count for 2004: 69
 Average Daily Census: 10
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	49.3%	Medicare	85.7%
20 to 54	4.3	(cancer)	53.6%	Self-referral	4.3	Medicaid	0.0
55 to 64	10.1	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	15.9	disease	15.9	Hospital	36.2	Managed Care/HMO	0.0
75 to 84	42.0	Pulmonary disease	13.0	Home health agency	7.2	PACE/Partnership	0.0
85 to 94	23.2	Renal failure/		Nursing home	2.9	Private Insurance	14.3
95 & over	4.3	kidney disease	4.3	Assisted living:		Self Pay	0.0
Total Patients	69	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	7
Male	58.0%	AIDS	0.0	Adult family home	0.0		
Female	42.0	ALS	0.0	Community-based			
Total Patients	69	Other	13.0	res. facility	0.0	STAFFING	FTEs*
		Total Patients	69	Other	0.0	Administrators	0.5
TOTAL ADMISSIONS	59			Total Patients	69	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	3.5
TOTAL DISCHARGES	63	Medicare	93.2%			Lic. Prac. Nurses	0.0
		Medicaid	0.0	PATIENT DAYS BY		Hospice Aides	0.7
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.1%	Occupational Therapists	0.0
appropriate	3.2%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	6.8	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	2.0	Bereavement Counselors	0.5
another hospice	0.0	Other	0.0	Respite care	0.9	Social Workers	1.3
Revocation of		Total Admissions	59	Total Patient Days	3,742	Dietary	0.0
hospice benefit	3.2					Chaplain	0.0
Other	1.6	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	1.0
Deaths	92.1	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.6
Total Discharges	63	Private residence	63.8%	Private residence	28.6%	Other	0.0
		Nursing home	29.3	Nursing home	71.4	Total FTEs	8.1
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	22.2%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	14.3	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	19.0	Community-based		Community-based		hospice in 2004:	34
30 - 59 days	11.1	res. facility	0.0	res. facility	0.0		
60 - 89 days	15.9	Inpatient facility	6.9	Inpatient facility	0.0	Total hours of	
90 - 179 days	9.5	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	7.9	Total Deaths	58	Caseload	7	during 2004 by these	
1 year or more	0.0					volunteers:	1,136
Total Discharges	63						

Beloit Regional Hospice
655 Third Street, Suite 200
Beloit WI 53511

License Number: 1525
County: Rock
(608) 363-7421

Page 40

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 35
Unduplicated Patient Count for 2004: 216
Average Daily Census: 42
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	20.4%	Medicare	91.4%
20 to 54	8.8	(cancer)	36.6%	Self-referral	1.9	Medicaid	0.0
55 to 64	8.3	Cardiovascular		Patient's family	25.9	Medicare/Medicaid	0.0
65 to 74	18.1	disease	13.0	Hospital	34.3	Managed Care/HMO	0.0
75 to 84	26.9	Pulmonary disease	7.9	Home health agency	3.2	PACE/Partnership	0.0
85 to 94	31.5	Renal failure/		Nursing home	6.9	Private Insurance	8.6
95 & over	6.5	kidney disease	3.2	Assisted living:		Self Pay	0.0
Total Patients	216	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	12.5	apt. complex	0.0	Caseload	35
Male	40.3%	AIDS	0.0	Adult family home	0.0		
Female	59.7	ALS	0.5	Community-based			
Total Patients	216	Other	26.4	res. facility	6.9		
		Total Patients	216	Other	0.5	STAFFING	FTEs*
TOTAL ADMISSIONS	180			Total Patients	216	Administrators	3.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	182	Medicare	86.1%			Registered Nurses	5.1
		Medicaid	5.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.9
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	4.9
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.8%	Physical Therapists	0.0
appropriate	6.6%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	8.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	0.5	Other	0.0	Respite care	0.0	Bereavement Counselors	1.3
Revocation of		Total Admissions	180	Total Patient Days	15,452	Social Workers	2.8
hospice benefit	2.7					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	90.1	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	4.8
Total Discharges	182	Private residence	65.9%	Private residence	40.0%	Volunteer Coordinator	1.0
		Nursing home	17.7	Nursing home	22.9	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	23.7
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	25.3%	apt. complex	0.6	apt. complex	0.0		
8 - 14 days	15.9	Adult family home	1.2	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.4	Community-based		Community-based		patients of the	
30 - 59 days	16.5	res. facility	14.6	res. facility	37.1	hospice in 2004:	74
60 - 89 days	7.1	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	8.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	9.9	Total Deaths	164	Caseload	35	service provided	
1 year or more	1.6					during 2004 by these	
Total Discharges	182					volunteers:	3,666

Mercy Assisted Care
901 Mineral Point Avenue
Janesville WI 53545

License Number: 544
County: Rock
(608) 755-6920

Page 41

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 18
Unduplicated Patient Count for 2004: 110
Average Daily Census: 15
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	29.1%	Medicare	88.9%
20 to 54	7.3	(cancer)	50.0%	Self-referral	1.8	Medicaid	0.0
55 to 64	12.7	Cardiovascular		Patient's family	7.3	Medicare/Medicaid	11.1
65 to 74	18.2	disease	14.5	Hospital	29.1	Managed Care/HMO	0.0
75 to 84	31.8	Pulmonary disease	8.2	Home health agency	22.7	PACE/Partnership	0.0
85 to 94	24.5	Renal failure/		Nursing home	3.6	Private Insurance	0.0
95 & over	5.5	kidney disease	2.7	Assisted living:		Self Pay	0.0
Total Patients	110	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	7.3	apt. complex	0.0	Caseload	18
Male	50.9%	AIDS	0.0	Adult family home	0.0		
Female	49.1	ALS	1.8	Community-based			
Total Patients	110	Other	15.5	res. facility	4.5	STAFFING	FTEs*
		Total Patients	110	Other	1.8	Administrators	1.0
TOTAL ADMISSIONS	99			Total Patients	110	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	2.8
TOTAL DISCHARGES	94	Medicare	78.8%			Lic. Prac. Nurses	0.0
		Medicaid	3.0	PATIENT DAYS BY		Hospice Aides	0.2
REASON FOR DISCHARGE		Medicare/Medicaid	3.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	7.1	Routine home care	98.7%	Occupational Therapists	0.0
appropriate	3.2%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	6.1	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	0.4	Bereavement Counselors	0.2
another hospice	1.1	Other	2.0	Respite care	0.8	Social Workers	0.6
Revocation of		Total Admissions	99	Total Patient Days	5,416	Dietary	0.0
hospice benefit	2.1					Chaplain	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	0.0
Deaths	93.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.2
Total Discharges	94	Private residence	59.1%	Private residence	44.4%	Other	0.0
		Nursing home	4.5	Nursing home	11.1	Total FTEs	5.0
		Hospice res. fac.	22.7	Hospice res. fac.	27.8		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	30.9%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	17.0	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	14.9	Community-based		Community-based		hospice in 2004:	10
30 - 59 days	18.1	res. facility	9.1	res. facility	16.7		
60 - 89 days	7.4	Inpatient facility	4.5	Inpatient facility	0.0	Total hours of	
90 - 179 days	9.6	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	2.1	Total Deaths	88	Caseload	18	during 2004 by these	
1 year or more	0.0					volunteers:	744
Total Discharges	94						

Heartland Hospice
 990 Hillcrest Street, Suite 104
 Baldwin WI 54002

License Number: 1521
 County: St. Croix
 (715) 684-5020

Page 42

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 5
 Unduplicated Patient Count for 2004: 72
 Average Daily Census: 11
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	15.3%	Medicare	100.0%
20 to 54	8.3	(cancer)	62.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Patient's family	15.3	Medicare/Medicaid	0.0
65 to 74	20.8	disease	12.5	Hospital	40.3	Managed Care/HMO	0.0
75 to 84	25.0	Pulmonary disease	5.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	33.3	Renal failure/		Nursing home	25.0	Private Insurance	0.0
95 & over	1.4	kidney disease	2.8	Assisted living:		Self Pay	0.0
Total Patients	72	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.6	apt. complex	0.0	Caseload	5
Male	50.0%	AIDS	0.0	Adult family home	0.0		
Female	50.0	ALS	4.2	Community-based			
Total Patients	72	Other	6.9	res. facility	2.8		
		Total Patients	72	Other	1.4	STAFFING	FTEs*
TOTAL ADMISSIONS	61			Total Patients	72	Administrators	1.3
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	68	Medicare	83.6%			Registered Nurses	1.4
		Medicaid	1.6	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.2
Hospice care not		Managed Care/HMO	13.1	Routine home care	98.8%	Physical Therapists	0.0
appropriate	7.4%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	1.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.1	Pathologists	0.0
another hospice	1.5	Other	0.0	Respite care	1.1	Bereavement Counselors	0.5
Revocation of		Total Admissions	61	Total Patient Days	4,000	Social Workers	0.6
hospice benefit	7.4					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.2
Deaths	83.8	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.6
Total Discharges	68	Private residence	42.1%	Private residence	0.0%	Volunteer Coordinator	0.3
		Nursing home	47.4	Nursing home	100.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.0
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	25.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	7.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	22.1	Community-based		Community-based		patients of the	
30 - 59 days	14.7	res. facility	7.0	res. facility	0.0	hospice in 2004:	49
60 - 89 days	7.4	Inpatient facility	3.5	Inpatient facility	0.0		
90 - 179 days	17.6	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	5.9	Total Deaths	57	Caseload	5	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	68					volunteers:	1,455

Home Health United Hospice
470 Oak Street
Prairie du Sac WI 53578

License Number: 1522
County: Sauk
(608) 643-3398

Page 43

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 34
Unduplicated Patient Count for 2004: 246
Average Daily Census: 31
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	56.1%	Medicare	85.3%
20 to 54	10.6	(cancer)	68.3%	Self-referral	0.8	Medicaid	0.0
55 to 64	12.6	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	18.3	disease	10.2	Hospital	36.6	Managed Care/HMO	2.9
75 to 84	31.3	Pulmonary disease	3.7	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	22.8	Renal failure/		Nursing home	5.7	Private Insurance	11.8
95 & over	4.1	kidney disease	2.0	Assisted living:		Self Pay	0.0
Total Patients	246	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	6.1	apt. complex	0.0	Caseload	34
Male	50.4%	AIDS	0.0	Adult family home	0.0		
Female	49.6	ALS	0.8	Community-based			
Total Patients	246	Other	8.9	res. facility	0.8		
		Total Patients	246	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	223			Total Patients	246	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	222	Medicare	78.9%			Registered Nurses	2.7
		Medicaid	2.7	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	1.4
Hospice care not		Managed Care/HMO	5.8	Routine home care	99.4%	Physical Therapists	0.0
appropriate	1.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	12.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	1.4	Other	0.0	Respite care	0.4	Bereavement Counselors	0.5
Revocation of		Total Admissions	223	Total Patient Days	11,476	Social Workers	0.8
hospice benefit	10.8					Dietary	0.1
Other	4.5	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.3
Deaths	81.5	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.3
Total Discharges	222	Private residence	85.6%	Private residence	88.2%	Volunteer Coordinator	0.5
		Nursing home	7.7	Nursing home	0.0	Other	0.6
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	9.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	26.1%	apt. complex	0.6	apt. complex	0.0		
8 - 14 days	14.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	18.9	Community-based		Community-based		patients of the	
30 - 59 days	13.5	res. facility	6.1	res. facility	11.8	hospice in 2004:	61
60 - 89 days	11.7	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	8.6	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	5.4	Total Deaths	181	Caseload	34	service provided	
1 year or more	1.4					during 2004 by these	
Total Discharges	222					volunteers:	1,158

Shawano Community Hospice
309 North Bartlette Street
Shawano WI 54166

License Number: 510
County: Shawano
(715) 524-2169

Page 44

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 19
Unduplicated Patient Count for 2004: 95
Average Daily Census: 17
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	52.6%	Medicare	63.2%
20 to 54	4.2	(cancer)	85.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	20.0	Cardiovascular		Patient's family	12.6	Medicare/Medicaid	10.5
65 to 74	26.3	disease	4.2	Hospital	27.4	Managed Care/HMO	0.0
75 to 84	25.3	Pulmonary disease	4.2	Home health agency	2.1	PACE/Partnership	0.0
85 to 94	22.1	Renal failure/		Nursing home	3.2	Private Insurance	15.8
95 & over	2.1	kidney disease	2.1	Assisted living:		Self Pay	10.5
Total Patients	95	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.1	apt. complex	0.0	Caseload	19
Male	57.9%	AIDS	0.0	Adult family home	0.0		
Female	42.1	ALS	0.0	Community-based			
Total Patients	95	Other	2.1	res. facility	2.1		
		Total Patients	95	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	86			Total Patients	95	Administrators	0.8
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	78	Medicare	87.2%			Registered Nurses	1.8
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	2.3	LEVEL OF CARE		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.7%	Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	7.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	2.3	symptom mgmt	0.3	Pathologists	0.0
another hospice	0.0	Other	1.2	Respite care	0.0	Bereavement Counselors	0.3
Revocation of		Total Admissions	86	Total Patient Days	6,301	Social Workers	0.8
hospice benefit	11.5					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.3
Deaths	88.5	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.8
Total Discharges	78	Private residence	84.1%	Private residence	84.2%	Volunteer Coordinator	0.3
		Nursing home	14.5	Nursing home	15.8	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	19.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	24.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	24.4	Community-based		Community-based		patients of the	
30 - 59 days	10.3	res. facility	1.4	res. facility	0.0	hospice in 2004:	68
60 - 89 days	1.3	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	11.5	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	7.7	Total Deaths	69	Caseload	19	service provided	
1 year or more	1.3					during 2004 by these	
Total Discharges	78					volunteers:	879

St. Nicholas Hospital HHA and Hospice
1601 North Taylor Drive
Sheboygan WI 53081

License Number: 532
County: Sheboygan
(920) 457-5770

Page 45

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	24
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	138
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	17
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 60.9%	Physician 43.5%	Medicare 91.7%
20 to 54 2.9	(cancer)	Self-referral 3.6	Medicaid 0.0
55 to 64 6.5	Cardiovascular	Patient's family 15.9	Medicare/Medicaid 0.0
65 to 74 24.6	disease 13.8	Hospital 28.3	Managed Care/HMO 0.0
75 to 84 42.0	Pulmonary disease 2.9	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 18.1	Renal failure/	Nursing home 8.0	Private Insurance 8.3
95 & over 5.8	kidney disease 3.6	Assisted living:	Self Pay 0.0
Total Patients 138	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 5.8	apt. complex 0.0	Caseload 24
Male 40.6%	AIDS 0.0	Adult family home 0.0	
Female 59.4	ALS 0.0	Community-based	
Total Patients 138	Other 13.0	res. facility 0.0	
	Total Patients 138	Other 0.7	
TOTAL ADMISSIONS 122		Total Patients 138	
TOTAL DISCHARGES 115	ADMISSIONS BY PAY SOURCE		STAFFING FTEs*
	Medicare 91.8%		Administrators 0.4
	Medicaid 0.8		Physicians 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	PATIENT DAYS BY LEVEL OF CARE	Registered Nurses 2.4
Hospice care not appropriate 4.3%	Managed Care/HMO 0.0	Routine home care 99.7%	Lic. Prac. Nurses 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Hospice Aides 0.8
care provided by	Private Insurance 4.9	Inpatient care: acute	Physical Therapists 0.0
another hospice 0.9	Self Pay 1.6	symptom mgmt 0.1	Occupational Therapists 0.0
Revocation of hospice benefit 0.9	Other 0.8	Respite care 0.2	Speech/Language Pathologists 0.0
Other 0.0	Total Admissions 122	Total Patient Days 6,046	Bereavement Counselors 0.8
Deaths 93.9			Social Workers 0.4
Total Discharges 115	DEATHS BY SITE OF OCCURRENCE	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS	Dietary 0.0
	Private residence 58.3%	Private residence 62.5%	Chaplain 0.0
	Nursing home 40.7	Nursing home 37.5	Clerical/Office Support 0.3
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Volunteer Coordinator 0.1
	Assisted living:	Assisted living:	Other 0.1
	Residential care	Residential care	Total FTEs 5.2
	apt. complex 0.0	apt. complex 0.0	
	Adult family home 0.0	Adult family home 0.0	* Full-time equivalents
	Community-based	Community-based	Volunteers who served patients of the hospice in 2004: 28
	res. facility 0.0	res. facility 0.0	
	Inpatient facility 0.9	Inpatient facility 0.0	Total hours of service provided during 2004 by these volunteers: 788
DISCHARGES BY LENGTH OF STAY	Other site 0.0	Other site 0.0	
1 - 7 days 33.0%	Total Deaths 108	Caseload 24	
8 - 14 days 19.1			
15 - 29 days 13.9			
30 - 59 days 20.0			
60 - 89 days 3.5			
90 - 179 days 4.3			
180 days - 1 year 4.3			
1 year or more 1.7			
Total Discharges 115			

VNA of Wisconsin Hospice Sheboygan
2314 Kohler Memorial Drive
Sheboygan WI 53081

License Number: 529
County: Sheboygan
(920) 458-4314

Page 46

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 50
Unduplicated Patient Count for 2004: 374
Average Daily Census: 47
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	1.3%	Malignant neoplasm		Physician	37.4%	Medicare	88.0%
20 to 54	6.7	(cancer)	54.0%	Self-referral	0.3	Medicaid	4.0
55 to 64	9.1	Cardiovascular		Patient's family	20.6	Medicare/Medicaid	0.0
65 to 74	18.2	disease	19.3	Hospital	27.5	Managed Care/HMO	0.0
75 to 84	29.7	Pulmonary disease	7.8	Home health agency	1.3	PACE/Partnership	0.0
85 to 94	29.4	Renal failure/		Nursing home	12.8	Private Insurance	6.0
95 & over	5.6	kidney disease	2.4	Assisted living:		Self Pay	0.0
Total Patients	374	Diabetes	0.3	Residential care		Other	2.0
		Alzheimer's disease	7.8	apt. complex	0.0	Caseload	50
Male	43.0%	AIDS	0.0	Adult family home	0.0		
Female	57.0	ALS	0.8	Community-based			
Total Patients	374	Other	7.8	res. facility	0.0		
		Total Patients	374	Other	0.0		
TOTAL ADMISSIONS	342			Total Patients	374		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	340	Medicare	82.7%			Administrators	1.0
		Medicaid	5.0			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	7.9
Hospice care not appropriate	9.7%	Managed Care/HMO	0.0	Routine home care	97.6%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	14.9
care provided by another hospice	0.9	Private Insurance	12.0	Inpatient care: acute		Physical Therapists	3.1
Revocation of hospice benefit	4.1	Self Pay	0.0	symptom mgmt	2.1	Occupational Therapists	0.0
Other	0.0	Other	0.3	Respite care	0.3	Speech/Language	
Deaths	85.3	Total Admissions	342	Total Patient Days	17,222	Pathologists	0.1
Total Discharges	340					Bereavement Counselors	0.3
		DEATHS BY SITE OF OCCURRENCE				Social Workers	2.2
DISCHARGES BY LENGTH OF STAY		Private residence	73.1%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	34.1%	Nursing home	6.9	Private residence	74.0%	Chaplain	1.0
8 - 14 days	15.9	Hospice res. fac.	0.0	Nursing home	22.0	Clerical/Office Support	2.0
15 - 29 days	13.2	Assisted living:		Hospice res. fac.	0.0	Volunteer Coordinator	0.6
30 - 59 days	13.5	Residential care		Assisted living:		Other	0.0
60 - 89 days	7.1	apt. complex	0.0	Residential care		Total FTEs	33.0
90 - 179 days	8.8	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	5.0	Community-based		Adult family home	0.0		
1 year or more	2.4	res. facility	2.1	Community-based			
Total Discharges	340	Inpatient facility	17.9	res. facility	0.0		
		Other site	0.0	Inpatient facility	4.0		
		Total Deaths	290	Other site	0.0		
				Caseload	50		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2004:	35
						Total hours of service provided during 2004 by these volunteers:	1,015

Hope Hospice Palliative Care
657 McComb Avenue, PO Box 237
Rib Lake WI 54470

License Number: 1517
County: Taylor
(715) 427-3532

Page 47

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 14
Unduplicated Patient Count for 2004: 67
Average Daily Census: 15
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	22.4%	Medicare	85.7%
20 to 54	6.0	(cancer)	58.2%	Self-referral	1.5	Medicaid	7.1
55 to 64	11.9	Cardiovascular		Patient's family	16.4	Medicare/Medicaid	0.0
65 to 74	14.9	disease	10.4	Hospital	34.3	Managed Care/HMO	0.0
75 to 84	25.4	Pulmonary disease	6.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	32.8	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	9.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	67	Diabetes	0.0	Residential care		Other	7.1
		Alzheimer's disease	4.5	apt. complex	0.0	Caseload	14
Male	40.3%	AIDS	0.0	Adult family home	0.0		
Female	59.7	ALS	0.0	Community-based			
Total Patients	67	Other	20.9	res. facility	0.0	STAFFING	FTEs*
		Total Patients	67	Other	25.4	Administrators	1.0
TOTAL ADMISSIONS	54			Total Patients	67	Physicians	1.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	1.8
TOTAL DISCHARGES	56	Medicare	81.5%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	5.6	LEVEL OF CARE		Hospice Aides	1.3
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	100.0%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	1.8%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	11.1	symptom mgmt	0.0	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.0	Bereavement Counselors	0.6
another hospice	0.0	Other	1.9	Total Patient Days	5,652	Social Workers	0.4
Revocation of		Total Admissions	54			Dietary	0.0
hospice benefit	17.9			CASELOAD ON 12/31/04		Chaplain	0.1
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.9
Deaths	80.4	OF OCCURRENCE		Private residence	42.9%	Volunteer Coordinator	0.7
Total Discharges	56	Private residence	48.9%	Nursing home	50.0	Other	0.0
		Nursing home	44.4	Hospice res. fac.	0.0	Total FTEs	7.9
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	21.4%	apt. complex	2.2	apt. complex	0.0		
8 - 14 days	19.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	19.6	Community-based		Community-based		patients of the	
30 - 59 days	14.3	res. facility	4.4	res. facility	7.1	hospice in 2004:	48
60 - 89 days	8.9	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	3.6	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	8.9	Total Deaths	45	Caseload	14	service provided	
1 year or more	3.6					during 2004 by these	
Total Discharges	56					volunteers:	1,693

Vernon Memorial Hospice
507 South Main Street
Viroqua WI 54665

License Number: 514
County: Vernon
(608) 637-4362

Page 48

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 5
Unduplicated Patient Count for 2004: 44
Average Daily Census: 5
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	38.6%	Medicare	80.0%
20 to 54	9.1	(cancer)	63.6%	Self-referral	0.0	Medicaid	0.0
55 to 64	11.4	Cardiovascular		Patient's family	4.5	Medicare/Medicaid	0.0
65 to 74	22.7	disease	15.9	Hospital	18.2	Managed Care/HMO	0.0
75 to 84	34.1	Pulmonary disease	6.8	Home health agency	4.5	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/		Nursing home	31.8	Private Insurance	20.0
95 & over	4.5	kidney disease	2.3	Assisted living:		Self Pay	0.0
Total Patients	44	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.5	apt. complex	0.0	Caseload	5
Male	36.4%	AIDS	0.0	Adult family home	0.0		
Female	63.6	ALS	2.3	Community-based			
Total Patients	44	Other	4.5	res. facility	0.0		
		Total Patients	44	Other	2.3		
TOTAL ADMISSIONS	45			Total Patients	44		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	44	Medicare	86.7%			Administrators	0.5
		Medicaid	6.7			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	1.0
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	2.3%	PACE/Partnership	0.0	Routine home care	100.0%	Hospice Aides	0.6
Transferred:		Private Insurance	2.2	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	2.2	Inpatient care: acute		Occupational Therapists	0.0
another hospice	2.3	Other	2.2	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	45	Respite care	0.0	Pathologists	0.0
hospice benefit	13.6			Total Patient Days	1,957	Bereavement Counselors	0.2
Other	0.0					Social Workers	0.4
Deaths	81.8	DEATHS BY SITE		CASELOAD ON 12/31/04		Dietary	0.0
Total Discharges	44	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	0.0
		Private residence	50.0%	Private residence	80.0%	Clerical/Office Support	0.9
		Nursing home	50.0	Nursing home	20.0	Volunteer Coordinator	0.2
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.4
		Assisted living:		Assisted living:		Total FTEs	4.3
		Residential care		Residential care			
1 - 7 days	18.2%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	15.9	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	22.7	Community-based		Community-based		patients of the	
30 - 59 days	27.3	res. facility	0.0	res. facility	0.0	hospice in 2004:	
60 - 89 days	4.5	Inpatient facility	0.0	Inpatient facility	0.0	15	
90 - 179 days	6.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.3	Total Deaths	36	Caseload	5	service provided	
1 year or more	2.3					during 2004 by these	
Total Discharges	44					volunteers:	
						273	

Cedar Community Hospice
 5595 County Road Z
 West Bend WI 53095

License Number: 2009
 County: Washington
 (262) 306-2691

Page 49

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 4
 Unduplicated Patient Count for 2004: 10
 Average Daily Census: 4
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	70.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	20.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	0.0	Cardiovascular		Patient's family	10.0	Medicare/Medicaid	0.0
65 to 74	0.0	disease	20.0	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	30.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	40.0	Renal failure/		Nursing home	20.0	Private Insurance	0.0
95 & over	30.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	10	Diabetes	0.0	Residential care		Other	100.0
		Alzheimer's disease	30.0	apt. complex	0.0	Caseload	4
Male	0.0%	AIDS	0.0	Adult family home	0.0		
Female	100.0	ALS	10.0	Community-based			
Total Patients	10	Other	20.0	res. facility	0.0	STAFFING	FTEs*
		Total Patients	10	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	10			Total Patients	10	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	1.0
TOTAL DISCHARGES	6	Medicare	0.0%	PATIENT DAYS BY		Lic. Prac. Nurses	0.1
		Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.3
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	100.0%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	0.0	symptom mgmt	0.0	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.0	Bereavement Counselors	0.0
another hospice	0.0	Other	100.0	Total Patient Days	201	Social Workers	0.1
Revocation of		Total Admissions	10			Dietary	0.0
hospice benefit	0.0			CASELOAD ON 12/31/04		Chaplain	0.1
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.1
Deaths	100.0	OF OCCURRENCE		Private residence	0.0%	Volunteer Coordinator	0.1
Total Discharges	6	Private residence	0.0%	Nursing home	75.0	Other	0.0
		Nursing home	83.3	Hospice res. fac.	0.0	Total FTEs	2.8
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	33.3%	apt. complex	0.0	apt. complex	25.0		
8 - 14 days	66.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	0.0	Community-based		Community-based		patients of the	
30 - 59 days	0.0	res. facility	16.7	res. facility	0.0	hospice in 2004:	25
60 - 89 days	0.0	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	0.0	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	0.0	Total Deaths	6	Caseload	4	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	6					volunteers:	95

Rolland Nelson Crossroads Hospice
1020 James Drive, Suite E
Hartland WI 53029

License Number: 527
County: Waukesha
(262) 928-7444

Page 50

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 46
Unduplicated Patient Count for 2004: 414
Average Daily Census: 39
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	18.1%	Medicare	84.8%
20 to 54	5.8	(cancer)	61.1%	Self-referral	0.5	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Patient's family	7.5	Medicare/Medicaid	0.0
65 to 74	22.2	disease	9.9	Hospital	53.1	Managed Care/HMO	2.2
75 to 84	32.9	Pulmonary disease	4.1	Home health agency	8.0	PACE/Partnership	0.0
85 to 94	25.6	Renal failure/		Nursing home	6.8	Private Insurance	13.0
95 & over	2.4	kidney disease	2.9	Assisted living:		Self Pay	0.0
Total Patients	414	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	18.1	apt. complex	0.0	Caseload	46
Male	45.4%	AIDS	0.0	Adult family home	0.0		
Female	54.6	ALS	1.0	Community-based			
Total Patients	414	Other	2.9	res. facility	0.0	STAFFING	FTEs*
		Total Patients	414	Other	6.0	Administrators	1.0
TOTAL ADMISSIONS	440			Total Patients	414	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	13.9
TOTAL DISCHARGES	455	Medicare	78.9%	PATIENT DAYS BY		Lic. Prac. Nurses	0.6
		Medicaid	1.4	LEVEL OF CARE		Hospice Aides	10.9
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	93.8%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	10.2	Continuous care	0.0	Occupational Therapists	0.0
appropriate	9.7%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	9.5	symptom mgmt	5.7	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.6	Bereavement Counselors	1.0
another hospice	2.0	Other	0.0	Total Patient Days	14,290	Social Workers	1.6
Revocation of		Total Admissions	440			Dietary	3.1
hospice benefit	3.7			CASELOAD ON 12/31/04		Chaplain	1.2
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.1
Deaths	84.6	OF OCCURRENCE		Private residence	82.6%	Volunteer Coordinator	0.8
Total Discharges	455	Private residence	87.5%	Nursing home	4.3	Other	0.0
		Nursing home	1.3	Hospice res. fac.	2.2	Total FTEs	36.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	34.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	19.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.7	Community-based		Community-based		patients of the	
30 - 59 days	14.7	res. facility	0.0	res. facility	0.0	hospice in 2004:	189
60 - 89 days	6.6	Inpatient facility	0.0	Inpatient facility	10.9	Total hours of	
90 - 179 days	6.4	Other site	1.0	Other site	0.0	service provided	
180 days - 1 year	1.5	Total Deaths	385	Caseload	46	during 2004 by these	
1 year or more	0.0					volunteers:	13,489
Total Discharges	455						

ThedaCare at Home
201 East Bell Street
Neenah WI 54957

License Number: 1504
County: Winnebago
(920) 969-0919

Page 51

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2004 Caseload: 85
Unduplicated Patient Count for 2004: 527
Average Daily Census: 61
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	38.7%	Medicare	77.6%
20 to 54	8.3	(cancer)	61.7%	Self-referral	0.0	Medicaid	2.4
55 to 64	10.2	Cardiovascular		Patient's family	4.7	Medicare/Medicaid	0.0
65 to 74	20.3	disease	13.3	Hospital	42.9	Managed Care/HMO	4.7
75 to 84	35.5	Pulmonary disease	6.5	Home health agency	6.1	PACE/Partnership	0.0
85 to 94	22.8	Renal failure/		Nursing home	5.3	Private Insurance	15.3
95 & over	2.1	kidney disease	5.1	Assisted living:		Self Pay	0.0
Total Patients	527	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.3	apt. complex	0.6	Caseload	85
Male	49.1%	AIDS	0.0	Adult family home	0.0		
Female	50.9	ALS	1.1	Community-based			
Total Patients	527	Other	10.1	res. facility	1.1	STAFFING	FTEs*
		Total Patients	527	Other	0.6	Administrators	1.0
TOTAL ADMISSIONS	490			Total Patients	527	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	24.7
TOTAL DISCHARGES	448	Medicare	81.4%			Lic. Prac. Nurses	0.0
		Medicaid	1.6	PATIENT DAYS BY		Hospice Aides	11.6
REASON FOR DISCHARGE		Medicare/Medicaid	0.2	LEVEL OF CARE		Physical Therapists	0.2
Hospice care not		Managed Care/HMO	7.3	Routine home care	96.7%	Occupational Therapists	0.1
appropriate	1.1%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	9.2	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.2	symptom mgmt	3.0	Bereavement Counselors	0.7
another hospice	0.2	Other	0.0	Respite care	0.4	Social Workers	2.0
Revocation of		Total Admissions	490	Total Patient Days	22,447	Dietary	0.0
hospice benefit	3.3					Chaplain	0.7
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	25.8
Deaths	95.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.6
Total Discharges	448	Private residence	48.9%	Private residence	70.6%	Other	0.0
		Nursing home	9.4	Nursing home	16.5	Total FTEs	67.1
		Hospice res. fac.	31.9	Hospice res. fac.	5.9		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	34.6%	apt. complex	0.9	apt. complex	2.4	Volunteers who served	
8 - 14 days	12.3	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	17.2	Community-based		Community-based		hospice in 2004:	122
30 - 59 days	15.4	res. facility	5.9	res. facility	3.5		
60 - 89 days	7.4	Inpatient facility	2.8	Inpatient facility	1.2	Total hours of	
90 - 179 days	8.3	Other site	0.2	Other site	0.0	service provided	
180 days - 1 year	4.0	Total Deaths	427	Caseload	85	during 2004 by these	
1 year or more	0.9					volunteers:	6,316
Total Discharges	448						

Affinity Visiting Nurses
 515 South Washburn Street, Suite 206
 Oshkosh WI 54904

License Number: 1526
 County: Winnebago
 (920) 236-8500

Page 52

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	42
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	290
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	39
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.7%	Malignant neoplasm 62.8%	Physician 43.4%	Medicare 95.2%
20 to 54 7.6	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 12.1	Cardiovascular	Patient's family 9.3	Medicare/Medicaid 0.0
65 to 74 17.6	disease 14.1	Hospital 29.7	Managed Care/HMO 4.8
75 to 84 31.7	Pulmonary disease 3.8	Home health agency 5.9	PACE/Partnership 0.0
85 to 94 25.9	Renal failure/	Nursing home 5.2	Private Insurance 0.0
95 & over 4.5	kidney disease 3.4	Assisted living:	Self Pay 0.0
Total Patients 290	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 1.0	apt. complex 0.0	Caseload 42
Male 55.5%	AIDS 0.0	Adult family home 0.0	
Female 44.5	ALS 1.0	Community-based	
Total Patients 290	Other 13.8	res. facility 2.8	
	Total Patients 290	Other 3.8	STAFFING FTEs*
TOTAL ADMISSIONS 261		Total Patients 290	Administrators 2.0
	ADMISSIONS BY PAY SOURCE		Physicians 0.0
TOTAL DISCHARGES 253	Medicare 73.2%		Registered Nurses 4.2
	Medicaid 1.9	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 8.4	LEVEL OF CARE	Hospice Aides 1.8
Hospice care not appropriate 0.8%	Managed Care/HMO 14.9	Routine home care 99.5%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 0.4	Inpatient care: acute	Speech/Language
another hospice 3.2	Self Pay 0.0	symptom mgmt 0.4	Pathologists 0.0
Revocation of	Other 1.1	Respite care 0.1	Bereavement Counselors 1.2
hospice benefit 5.9	Total Admissions 261	Total Patient Days 14,120	Social Workers 1.9
Other 0.8			Dietary 0.0
Deaths 89.3	DEATHS BY SITE	CASELOAD ON 12/31/04	Chaplain 0.6
Total Discharges 253	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 1.0
	Private residence 75.2%	Private residence 61.9%	Volunteer Coordinator 1.2
	Nursing home 15.5	Nursing home 16.7	Other 0.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 13.9
DISCHARGES BY	Assisted living:	Assisted living:	
LENGTH OF STAY	Residential care	Residential care	* Full-time equivalents
1 - 7 days 21.7%	apt. complex 1.8	apt. complex 2.4	
8 - 14 days 21.7	Adult family home 0.0	Adult family home 0.0	Volunteers who served
15 - 29 days 17.0	Community-based	Community-based	patients of the
30 - 59 days 17.4	res. facility 1.8	res. facility 19.0	hospice in 2004: 44
60 - 89 days 5.5	Inpatient facility 5.8	Inpatient facility 0.0	
90 - 179 days 11.5	Other site 0.0	Other site 0.0	Total hours of
180 days - 1 year 4.7	Total Deaths 226	Caseload 42	service provided
1 year or more 0.4			during 2004 by these
Total Discharges 253			volunteers: 1,807

Ministry Home Care Hospice Marshfield
303 West Upham Street, Suite 200
Marshfield WI 54449

License Number: 1516
County: Wood
(715) 387-7052

Page 53

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2004 Caseload:	49
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2004:	315
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	47
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/04 BY PAY SOURCE
Under 20 0.6%	Malignant neoplasm 56.2%	Physician 72.4%	Medicare 83.7%
20 to 54 7.6	(cancer)	Self-referral 1.0	Medicaid 8.2
55 to 64 10.8	Cardiovascular	Patient's family 13.0	Medicare/Medicaid 4.1
65 to 74 17.8	disease 12.1	Hospital 4.8	Managed Care/HMO 0.0
75 to 84 33.0	Pulmonary disease 9.8	Home health agency 1.0	PACE/Partnership 0.0
85 to 94 27.3	Renal failure/	Nursing home 5.4	Private Insurance 4.1
95 & over 2.9	kidney disease 5.1	Assisted living:	Self Pay 0.0
Total Patients 315	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 3.5	apt. complex 0.0	Caseload 49
Male 47.9%	AIDS 0.0	Adult family home 0.6	
Female 52.1	ALS 1.9	Community-based	
Total Patients 315	Other 11.4	res. facility 0.6	
	Total Patients 315	Other 1.3	
TOTAL ADMISSIONS 269		Total Patients 315	
TOTAL DISCHARGES 270	ADMISSIONS BY PAY SOURCE		STAFFING FTEs*
	Medicare 73.6%		Administrators 1.0
	Medicaid 4.8		Physicians 0.2
REASON FOR DISCHARGE	Medicare/Medicaid 7.8	PATIENT DAYS BY LEVEL OF CARE	Registered Nurses 7.0
Hospice care not appropriate 4.4%	Managed Care/HMO 0.0	Routine home care 99.3%	Lic. Prac. Nurses 2.6
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Hospice Aides 8.8
care provided by another hospice 0.4	Private Insurance 13.4	Inpatient care: acute symptom mgmt 0.6	Physical Therapists 0.0
Revocation of hospice benefit 3.3	Self Pay 0.4	Respite care 0.1	Occupational Therapists 0.0
Other 0.4	Other 0.0	Total Patient Days 17,027	Speech/Language Pathologists 0.0
Deaths 91.5	Total Admissions 269		Bereavement Counselors 1.0
Total Discharges 270			Social Workers 4.0
	DEATHS BY SITE OF OCCURRENCE	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS	Dietary 0.1
	Private residence 51.4%	Private residence 61.2%	Chaplain 1.0
	Nursing home 18.6	Nursing home 18.4	Clerical/Office Support 2.0
	Hospice res. fac. 22.3	Hospice res. fac. 14.3	Volunteer Coordinator 1.0
	Assisted living:	Assisted living:	Other 0.0
	Residential care	Residential care	Total FTEs 28.7
	apt. complex 1.6	apt. complex 2.0	
	Adult family home 0.8	Adult family home 0.0	* Full-time equivalents
	Community-based	Community-based	Volunteers who served patients of the hospice in 2004: 130
	res. facility 2.8	res. facility 4.1	
	Inpatient facility 2.4	Inpatient facility 0.0	Total hours of service provided during 2004 by these volunteers: 5,629
DISCHARGES BY LENGTH OF STAY	Other site 0.0	Other site 0.0	
1 - 7 days 21.9%	Total Deaths 247	Caseload 49	
8 - 14 days 16.7			
15 - 29 days 17.0			
30 - 59 days 17.4			
60 - 89 days 7.8			
90 - 179 days 9.3			
180 days - 1 year 7.8			
1 year or more 2.2			
Total Discharges 270			

Hospice of Dubuque
2255 JFK Road, Asbury Square
Dubuque IA 52002

License Number: 562
County: Out of State
(563) 582-1220

Page 54

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 3
Unduplicated Patient Count for 2004: 32
Average Daily Census: 3
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	18.8%	Medicare	66.7%
20 to 54	9.4	(cancer)	46.9%	Self-referral	0.0	Medicaid	33.3
55 to 64	3.1	Cardiovascular		Patient's family	9.4	Medicare/Medicaid	0.0
65 to 74	15.6	disease	25.0	Hospital	25.0	Managed Care/HMO	0.0
75 to 84	34.4	Pulmonary disease	6.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	34.4	Renal failure/		Nursing home	46.9	Private Insurance	0.0
95 & over	3.1	kidney disease	6.3	Assisted living:		Self Pay	0.0
Total Patients	32	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	6.3	apt. complex	0.0	Caseload	3
Male	18.8%	AIDS	0.0	Adult family home	0.0		
Female	81.3	ALS	0.0	Community-based			
Total Patients	32	Other	9.4	res. facility	0.0		
		Total Patients	32	Other	0.0		
TOTAL ADMISSIONS	31			Total Patients	32		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	31	Medicare	87.1%			Administrators	0.0
		Medicaid	6.5			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	0.0
Hospice care not appropriate	6.5%	Managed Care/HMO	0.0	Routine home care	99.8%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.2	Hospice Aides	0.0
care provided by another hospice	0.0	Private Insurance	6.5	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	6.5	Self Pay	0.0	symptom mgmt	0.0	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.0	Speech/Language	
Deaths	87.1	Total Admissions	31	Total Patient Days	1,276	Pathologists	0.0
Total Discharges	31					Bereavement Counselors	0.0
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.0
DISCHARGES BY LENGTH OF STAY		Private residence	37.0%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	22.6%	Nursing home	18.5	Private residence	33.3%	Chaplain	0.0
8 - 14 days	22.6	Hospice res. fac.	0.0	Nursing home	33.3	Clerical/Office Support	0.0
15 - 29 days	16.1	Assisted living:		Hospice res. fac.	0.0	Volunteer Coordinator	0.0
30 - 59 days	12.9	Residential care		Assisted living:		Other	0.0
60 - 89 days	6.5	apt. complex	0.0	Residential care		Total FTEs	0.0
90 - 179 days	6.5	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	9.7	Community-based		Adult family home	0.0		
1 year or more	3.2	res. facility	0.0	Community-based			
Total Discharges	31	Inpatient facility	0.0	res. facility	0.0		
		Other site	44.4	Inpatient facility	0.0		
		Total Deaths	27	Other site	33.3		
				Caseload	3		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2004:	9
						Total hours of service provided during 2004 by these volunteers:	88

SMDC Hospice and Palliative Care
 330 East 2nd Street
 Duluth MN 55805

License Number: 535
 County: Out of State
 (218) 786-4020

Page 55

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 21
 Unduplicated Patient Count for 2004: 178
 Average Daily Census: 24
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	51.7%	Medicare	81.0%
20 to 54	8.4	(cancer)	50.6%	Self-referral	0.0	Medicaid	0.0
55 to 64	9.0	Cardiovascular		Patient's family	2.2	Medicare/Medicaid	9.5
65 to 74	20.2	disease	8.4	Hospital	32.6	Managed Care/HMO	0.0
75 to 84	33.1	Pulmonary disease	21.9	Home health agency	8.4	PACE/Partnership	9.5
85 to 94	24.2	Renal failure/		Nursing home	4.5	Private Insurance	0.0
95 & over	5.1	kidney disease	3.9	Assisted living:		Self Pay	0.0
Total Patients	178	Diabetes	1.7	Residential care		Other	0.0
		Alzheimer's disease	7.9	apt. complex	0.0	Caseload	21
Male	46.6%	AIDS	0.0	Adult family home	0.0		
Female	53.4	ALS	3.4	Community-based			
Total Patients	178	Other	2.2	res. facility	0.0	STAFFING	FTEs*
		Total Patients	178	Other	0.6	Administrators	0.2
TOTAL ADMISSIONS	154			Total Patients	178	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	2.5
TOTAL DISCHARGES	162	Medicare	85.1%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	5.8	LEVEL OF CARE		Hospice Aides	1.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	96.8%	Physical Therapists	0.1
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	4.3%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	9.1	symptom mgmt	2.6	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.6	Bereavement Counselors	0.4
another hospice	0.0	Other	0.0	Total Patient Days	8,629	Social Workers	0.5
Revocation of		Total Admissions	154			Dietary	0.0
hospice benefit	1.2			CASELOAD ON 12/31/04		Chaplain	0.2
Other	10.5	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.5
Deaths	84.0	OF OCCURRENCE		Private residence	52.4%	Volunteer Coordinator	0.2
Total Discharges	162	Private residence	38.2%	Nursing home	47.6	Other	0.0
		Nursing home	33.1	Hospice res. fac.	0.0	Total FTEs	5.9
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	8.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	9.9	Community-based		Community-based		patients of the	
30 - 59 days	17.3	res. facility	0.0	res. facility	0.0	hospice in 2004:	81
60 - 89 days	6.2	Inpatient facility	28.7	Inpatient facility	0.0	Total hours of	
90 - 179 days	16.0	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	10.5	Total Deaths	136	Caseload	21	during 2004 by these	
1 year or more	2.5					volunteers:	5,412
Total Discharges	162						

St. Lukes Hospice Duluth
220 North 6th Avenue East
Duluth MN 55805

License Number: 537
County: Out of State
(218) 249-6100

Page 56

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 1
Unduplicated Patient Count for 2004: 10
Average Daily Census: 3
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	100.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	90.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	10.0	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	20.0	disease	0.0	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	30.0	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	10	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	10.0	apt. complex	0.0	Caseload	1
Male	90.0%	AIDS	0.0	Adult family home	0.0		
Female	10.0	ALS	0.0	Community-based			
Total Patients	10	Other	0.0	res. facility	0.0		
		Total Patients	10	Other	0.0		
TOTAL ADMISSIONS	5			Total Patients	10		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	9	Medicare	80.0%			Administrators	0.0
		Medicaid	20.0			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	0.0
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	Routine home care	99.9%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	0.0
care provided by another hospice	0.0	Private Insurance	0.0	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	0.0	Self Pay	0.0	symptom mgmt	0.1	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.0	Speech/Language	
Deaths	100.0	Total Admissions	5	Total Patient Days	982	Pathologists	0.0
Total Discharges	9					Bereavement Counselors	0.0
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.0
DISCHARGES BY LENGTH OF STAY		Private residence	88.9%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	11.1%	Nursing home	0.0	Private residence	100.0%	Chaplain	0.0
8 - 14 days	11.1	Hospice res. fac.	0.0	Nursing home	0.0	Clerical/Office Support	0.0
15 - 29 days	22.2	Assisted living:		Hospice res. fac.	0.0	Volunteer Coordinator	0.0
30 - 59 days	0.0	Residential care		Assisted living:		Other	0.0
60 - 89 days	22.2	apt. complex	0.0	Residential care		Total FTEs	0.0
90 - 179 days	11.1	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	11.1	Community-based		Adult family home	0.0		
1 year or more	11.1	res. facility	0.0	Community-based			
Total Discharges	9	Inpatient facility	11.1	res. facility	0.0		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	9	Other site	0.0		
				Caseload	1		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2004:	48
						Total hours of service provided during 2004 by these volunteers:	286

Marquette General Home Health and Hospice
Doctors Park, Suite 101
Escanaba MI 49829

License Number: 551
County: Out of State
(906) 863-7877

Page 57

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 1
Unduplicated Patient Count for 2004: 16
Average Daily Census: 1
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/04	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	6.3%	Medicare	100.0%
20 to 54	0.0	(cancer)	100.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	18.8	Cardiovascular		Patient's family	12.5	Medicare/Medicaid	0.0
65 to 74	43.8	disease	0.0	Hospital	25.0	Managed Care/HMO	0.0
75 to 84	31.3	Pulmonary disease	0.0	Home health agency	50.0	PACE/Partnership	0.0
85 to 94	6.3	Renal failure/		Nursing home	6.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	16	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	1
Male	43.8%	AIDS	0.0	Adult family home	0.0		
Female	56.3	ALS	0.0	Community-based			
Total Patients	16	Other	0.0	res. facility	0.0	STAFFING	FTEs*
		Total Patients	16	Other	0.0	Administrators	0.1
TOTAL ADMISSIONS	15			Total Patients	16	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.0
TOTAL DISCHARGES	15	Medicare	86.7%			Lic. Prac. Nurses	0.0
		Medicaid	6.7	PATIENT DAYS BY		Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	6.7	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	0.0	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Respite care	0.0	Social Workers	0.1
Revocation of		Total Admissions	15	Total Patient Days	403	Dietary	0.0
hospice benefit	6.7					Chaplain	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Clerical/Office Support	0.1
Deaths	93.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.0
Total Discharges	15	Private residence	92.9%	Private residence	100.0%	Other	0.0
		Nursing home	7.1	Nursing home	0.0	Total FTEs	0.3
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	26.7%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	33.3	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	13.3	Community-based		Community-based		hospice in 2004:	9
30 - 59 days	13.3	res. facility	0.0	res. facility	0.0		
60 - 89 days	13.3	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	0.0	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	0.0	Total Deaths	14	Caseload	1	during 2004 by these	
1 year or more	0.0					volunteers:	24
Total Discharges	15						

Red Wing Regional Hospice
 1407 West 4th Street, Box 134
 Red Wing MN 55066

License Number: 540
 County: Out of State
 (651) 385-3410

Page 58

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 1
 Unduplicated Patient Count for 2004: 17
 Average Daily Census: 2
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	5.9%	Malignant neoplasm		Physician	70.6%	Medicare	100.0%
20 to 54	11.8	(cancer)	52.9%	Self-referral	0.0	Medicaid	0.0
55 to 64	29.4	Cardiovascular		Patient's family	5.9	Medicare/Medicaid	0.0
65 to 74	5.9	disease	17.6	Hospital	17.6	Managed Care/HMO	0.0
75 to 84	29.4	Pulmonary disease	11.8	Home health agency	5.9	PACE/Partnership	0.0
85 to 94	17.6	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	11.8	Assisted living:		Self Pay	0.0
Total Patients	17	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	1
Male	76.5%	AIDS	0.0	Adult family home	0.0		
Female	23.5	ALS	0.0	Community-based			
Total Patients	17	Other	5.9	res. facility	0.0		
		Total Patients	17	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	16			Total Patients	17	Administrators	0.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	18	Medicare	56.3%			Registered Nurses	0.0
		Medicaid	6.3	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	6.3	Routine home care	95.7%	Physical Therapists	0.0
appropriate	5.6%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	31.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	4.3	Pathologists	0.0
another hospice	5.6	Other	0.0	Respite care	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	16	Total Patient Days	884	Social Workers	0.0
hospice benefit	0.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	88.9	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Total Discharges	18	Private residence	93.8%	Private residence	100.0%	Volunteer Coordinator	0.0
		Nursing home	6.3	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.0
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.7	Community-based		Community-based		patients of the	
30 - 59 days	11.1	res. facility	0.0	res. facility	0.0	hospice in 2004:	25
60 - 89 days	5.6	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	16.7	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	5.6	Total Deaths	16	Caseload	1	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	18					volunteers:	160

Mayo Hospice Program
200 1st Street SW
Rochester MN 55905

License Number: 534
County: Out of State
(507) 284-4002

Page 59

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 2
Unduplicated Patient Count for 2004: 8
Average Daily Census: 1
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	0.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	62.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	37.5	Cardiovascular		Patient's family	37.5	Medicare/Medicaid	0.0
65 to 74	25.0	disease	12.5	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	12.5	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.0	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	25.0	Assisted living:		Self Pay	0.0
Total Patients	8	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	2
Male	62.5%	AIDS	0.0	Adult family home	0.0		
Female	37.5	ALS	0.0	Community-based			
Total Patients	8	Other	0.0	res. facility	0.0		
		Total Patients	8	Other	62.5	STAFFING	FTEs*
TOTAL ADMISSIONS	7			Total Patients	8	Administrators	0.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	6	Medicare	85.7%			Registered Nurses	0.2
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	16.7%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	14.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	7	Total Patient Days	455	Social Workers	0.0
hospice benefit	0.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.0
Deaths	83.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Total Discharges	6	Private residence	80.0%	Private residence	100.0%	Volunteer Coordinator	0.0
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.4
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	0.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	33.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.7	Community-based		Community-based		patients of the	
30 - 59 days	33.3	res. facility	0.0	res. facility	0.0	hospice in 2004:	9
60 - 89 days	0.0	Inpatient facility	20.0	Inpatient facility	0.0		
90 - 179 days	16.7	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	0.0	Total Deaths	5	Caseload	2	service provided	
1 year or more	0.0					during 2004 by these	
Total Discharges	6					volunteers:	305

Lakeview Hospice
5610 Norwich Parkway
Stillwater MN 55082

License Number: 548
County: Out of State
(800) 732-1422

Page 60

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 11
Unduplicated Patient Count for 2004: 156
Average Daily Census: 15
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	18.6%	Medicare	81.8%
20 to 54	0.6	(cancer)	76.9%	Self-referral	0.0	Medicaid	0.0
55 to 64	6.4	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	33.3	disease	10.3	Hospital	63.5	Managed Care/HMO	0.0
75 to 84	45.5	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	12.8	Renal failure/		Nursing home	10.3	Private Insurance	18.2
95 & over	0.6	kidney disease	5.1	Assisted living:		Self Pay	0.0
Total Patients	156	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.6	apt. complex	0.0	Caseload	11
Male	61.5%	AIDS	0.0	Adult family home	0.0		
Female	38.5	ALS	0.0	Community-based			
Total Patients	156	Other	5.1	res. facility	0.0		
		Total Patients	156	Other	7.7	STAFFING	FTEs*
TOTAL ADMISSIONS	143			Total Patients	156	Administrators	0.5
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	145	Medicare	70.6%			Registered Nurses	2.0
		Medicaid	2.1	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	1.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.5%	Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	25.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	1.4	Other	2.1	Respite care	0.5	Bereavement Counselors	0.2
Revocation of		Total Admissions	143	Total Patient Days	5,503	Social Workers	0.1
hospice benefit	2.1					Dietary	0.0
Other	0.7	DEATHS BY SITE		CASELOAD ON 12/31/04		Chaplain	0.5
Deaths	95.9	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.5
Total Discharges	145	Private residence	89.2%	Private residence	100.0%	Volunteer Coordinator	1.0
		Nursing home	10.8	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	7.3
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	. %	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	.	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	.	Community-based		Community-based		patients of the	
30 - 59 days	.	res. facility	0.0	res. facility	0.0	hospice in 2004:	8
60 - 89 days	.	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	.	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	.	Total Deaths	139	Caseload	11	service provided	
1 year or more	.					during 2004 by these	
Total Discharges	145					volunteers:	314

Winona Area Hospice
175 East Wabasha
Winona MN 55987

License Number: 561
County: Out of State
(507) 457-4468

Page 61

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2004 Caseload: 4
Unduplicated Patient Count for 2004: 14
Average Daily Census: 2
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/04 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	7.1%	Medicare	75.0%
20 to 54	7.1	(cancer)	78.6%	Self-referral	0.0	Medicaid	25.0
55 to 64	28.6	Cardiovascular		Patient's family	21.4	Medicare/Medicaid	0.0
65 to 74	7.1	disease	0.0	Hospital	50.0	Managed Care/HMO	0.0
75 to 84	21.4	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	35.7	Renal failure/		Nursing home	21.4	Private Insurance	0.0
95 & over	0.0	kidney disease	7.1	Assisted living:		Self Pay	0.0
Total Patients	14	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	4
Male	57.1%	AIDS	0.0	Adult family home	0.0		
Female	42.9	ALS	0.0	Community-based			
Total Patients	14	Other	14.3	res. facility	0.0		
		Total Patients	14	Other	0.0		
TOTAL ADMISSIONS	13			Total Patients	14		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	10	Medicare	84.6%			Administrators	0.1
		Medicaid	7.7			Physicians	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	0.3
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	Routine home care	100.0%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	0.3
care provided by another hospice	0.0	Private Insurance	7.7	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	10.0	Self Pay	0.0	symptom mgmt	0.0	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.0	Speech/Language	
Deaths	90.0	Total Admissions	13	Total Patient Days	619	Pathologists	0.0
Total Discharges	10					Bereavement Counselors	0.2
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.3
DISCHARGES BY LENGTH OF STAY		Private residence	44.4%	CASELOAD ON 12/31/04 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	50.0%	Nursing home	55.6	Private residence	75.0%	Chaplain	0.0
8 - 14 days	20.0	Hospice res. fac.	0.0	Nursing home	25.0	Clerical/Office Support	0.2
15 - 29 days	20.0	Assisted living:		Hospice res. fac.	0.0	Volunteer Coordinator	0.1
30 - 59 days	0.0	Residential care		Assisted living:		Other	0.0
60 - 89 days	0.0	apt. complex	0.0	Residential care		Total FTEs	1.3
90 - 179 days	10.0	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	0.0	Community-based		Adult family home	0.0		
1 year or more	0.0	res. facility	0.0	Community-based			
Total Discharges	10	Inpatient facility	0.0	res. facility	0.0		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	9	Other site	0.0		
				Caseload	4		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2004:	53
						Total hours of service provided during 2004 by these volunteers:	61

Indices of Hospice Profiles

INDEX BY COUNTY

PAGE	LICENSE	NAME	CITY	COUNTY
1	526	Regional Hospice Services	Ashland	Ashland
2	555	Lakeview Medical Center	Rice Lake	Barron
3	2005	Heartland Home Healthcare and Hospice	Green Bay	Brown
4	1503	Unity Hospice	Green Bay	Brown
5	2004	VNA of WI Hospice Green Bay	Green Bay	Brown
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	1524	St. Josephs Hospice	Chippewa Falls	Chippewa
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
9	1505	Hospicecare	Madison	Dane
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
13	516	Grant County Hospice	Lancaster	Grant
14	1523	The Monroe Clinic Hospice	Monroe	Green
15	545	Upland Hills Hospice	Dodgeville	Iowa
16	2006	Black River Hospice	Black River Falls	Jackson
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
21	538	Lafayette County Hospice	Darlington	Lafayette
22	524	Le Royer Hospice	Antigo	Langlade
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
25	1514	Aspirus Comfort Care and Hospice Services	Wausau	Marathon
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
27	525	Horizon Health Care and Hospice	Brown Deer	Milwaukee
28	549	Aseracare Hospice	Greenfield	Milwaukee
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
31	2002	Ruth Hospice	Milwaukee	Milwaukee
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
33	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
34	547	Vitas Healthcare Corp. of Wisconsin	Wauwatosa	Milwaukee
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
36	531	Hospice Touch	Tomah	Monroe
37	1509	Dr. Kate Hospice	Woodruff	Oneida
38	503	Ministry Home Care Hospice Stevens Point	Stevens Point	Portage
39	552	Flambeau Home Health and Hospice	Phillips	Price
40	1525	Beloit Regional Hospice	Beloit	Rock
41	544	Mercy Assisted Care	Janesville	Rock
42	1521	Heartland Hospice	Baldwin	St. Croix
43	1522	Home Health United Hospice	Prairie du Sac	Sauk
44	510	Shawano Community Hospice	Shawano	Shawano
45	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
46	529	VNA of Wisconsin Hospice Sheboygan	Sheboygan	Sheboygan
47	1517	Hope Hospice Palliative Care	Rib Lake	Taylor

INDEX BY COUNTY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
48	514	Vernon Memorial Hospice	Viroqua	Vernon
49	2009	Cedar Community Hospice	West Bend	Washington
50	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
51	1504	ThedaCare at Home	Neenah	Winnebago
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
53	1516	Ministry Home Care Hospice Marshfield	Marshfield	Wood
54	562	Hospice of Dubuque	Dubuque	Out of State
55	535	SMDC Hospice and Palliative Care	Duluth	Out of State
56	537	St. Lukes Hospice Duluth	Duluth	Out of State
57	551	Marquette General Home Health and Hospice	Escanaba	Out of State
58	540	Red Wing Regional Hospice	Red Wing	Out of State
59	534	Mayo Hospice Program	Rochester	Out of State
60	548	Lakeview Hospice	Stillwater	Out of State
61	561	Winona Area Hospice	Winona	Out of State

INDEX BY CITY

PAGE	LICENSE	NAME	CITY	COUNTY
22	524	Le Royer Hospice	Antigo	Langlade
1	526	Regional Hospice Services	Ashland	Ashland
42	1521	Heartland Hospice	Baldwin	St. Croix
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
40	1525	Beloit Regional Hospice	Beloit	Rock
16	2006	Black River Hospice	Black River Falls	Jackson
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
27	525	Horizon Health Care and Hospice	Brown Deer	Milwaukee
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	1524	St. Josephs Hospice	Chippewa Falls	Chippewa
21	538	Lafayette County Hospice	Darlington	Lafayette
15	545	Upland Hills Hospice	Dodgeville	Iowa
54	562	Hospice of Dubuque	Dubuque	Out of State
55	535	SMDC Hospice and Palliative Care	Duluth	Out of State
56	537	St. Lukes Hospice Duluth	Duluth	Out of State
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
57	551	Marquette General Home Health and Hospice	Escanaba	Out of State
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
3	2005	Heartland Home Healthcare and Hospice	Green Bay	Brown
4	1503	Unity Hospice	Green Bay	Brown
5	2004	VNA of WI Hospice Green Bay	Green Bay	Brown
28	549	Aseracare Hospice	Greenfield	Milwaukee
50	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
41	544	Mercy Assisted Care	Janesville	Rock
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
13	516	Grant County Hospice	Lancaster	Grant
9	1505	Hospicecare	Madison	Dane
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
53	1516	Ministry Home Care Hospice Marshfield	Marshfield	Wood
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
31	2002	Ruth Hospice	Milwaukee	Milwaukee
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
33	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
14	1523	The Monroe Clinic Hospice	Monroe	Green
51	1504	ThedaCare at Home	Neenah	Winnebago
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
39	552	Flambeau Home Health and Hospice	Phillips	Price
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
43	1522	Home Health United Hospice	Prairie du Sac	Sauk
58	540	Red Wing Regional Hospice	Red Wing	Out of State
47	1517	Hope Hospice Palliative Care	Rib Lake	Taylor

INDEX BY CITY

PAGE	LICENSE	NAME	CITY	COUNTY
2	555	Lakeview Medical Center	Rice Lake	Barron
59	534	Mayo Hospice Program	Rochester	Out of State
44	510	Shawano Community Hospice	Shawano	Shawano
45	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
46	529	VNA of Wisconsin Hospice Sheboygan	Sheboygan	Sheboygan
38	503	Ministry Home Care Hospice Stevens Point	Stevens Point	Portage
60	548	Lakeview Hospice	Stillwater	Out of State
36	531	Hospice Touch	Tomah	Monroe
48	514	Vernon Memorial Hospice	Viroqua	Vernon
25	1514	Aspirus Comfort Care and Hospice Services	Wausau	Marathon
34	547	Vitas Healthcare Corp. of Wisconsin	Wauwatosa	Milwaukee
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
49	2009	Cedar Community Hospice	West Bend	Washington
61	561	Winona Area Hospice	Winona	Out of State
37	1509	Dr. Kate Hospice	Woodruff	Oneida

INDEX BY NAME

PAGE	LICENSE	NAME	CITY	COUNTY
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
28	549	Aseracare Hospice	Greenfield	Milwaukee
25	1514	Aspirus Comfort Care and Hospice Services	Wausau	Marathon
40	1525	Beloit Regional Hospice	Beloit	Rock
16	2006	Black River Hospice	Black River Falls	Jackson
6	557	Calumet County Hospice Agency	Chilton	Calumet
49	2009	Cedar Community Hospice	West Bend	Washington
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
37	1509	Dr. Kate Hospice	Woodruff	Oneida
39	552	Flambeau Home Health and Hospice	Phillips	Price
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
13	516	Grant County Hospice	Lancaster	Grant
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
3	2005	Heartland Home Healthcare and Hospice	Green Bay	Brown
42	1521	Heartland Hospice	Baldwin	St. Croix
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
43	1522	Home Health United Hospice	Prairie du Sac	Sauk
47	1517	Hope Hospice Palliative Care	Rib Lake	Taylor
27	525	Horizon Health Care and Hospice	Brown Deer	Milwaukee
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
36	531	Hospice Touch	Tomah	Monroe
54	562	Hospice of Dubuque	Dubuque	Out of State
9	1505	Hospicecare	Madison	Dane
21	538	Lafayette County Hospice	Darlington	Lafayette
60	548	Lakeview Hospice	Stillwater	Out of State
2	555	Lakeview Medical Center	Rice Lake	Barron
22	524	Le Royer Hospice	Antigo	Langlade
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
57	551	Marquette General Home Health and Hospice	Escanaba	Out of State
59	534	Mayo Hospice Program	Rochester	Out of State
41	544	Mercy Assisted Care	Janesville	Rock
53	1516	Ministry Home Care Hospice Marshfield	Marshfield	Wood
38	503	Ministry Home Care Hospice Stevens Point	Stevens Point	Portage
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
58	540	Red Wing Regional Hospice	Red Wing	Out of State
1	526	Regional Hospice Services	Ashland	Ashland
50	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
31	2002	Ruth Hospice	Milwaukee	Milwaukee
55	535	SMDC Hospice and Palliative Care	Duluth	Out of State
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
44	510	Shawano Community Hospice	Shawano	Shawano

INDEX BY NAME

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
7	1524	St. Josephs Hospice	Chippewa Falls	Chippewa
56	537	St. Lukes Hospice Duluth	Duluth	Out of State
45	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
14	1523	The Monroe Clinic Hospice	Monroe	Green
51	1504	ThedaCare at Home	Neenah	Winnebago
4	1503	Unity Hospice	Green Bay	Brown
15	545	Upland Hills Hospice	Dodgeville	Iowa
5	2004	VNA of WI Hospice Green Bay	Green Bay	Brown
33	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
46	529	VNA of Wisconsin Hospice Sheboygan	Sheboygan	Sheboygan
48	514	Vernon Memorial Hospice	Viroqua	Vernon
34	547	Vitas Healthcare Corp. of Wisconsin	Wauwatosa	Milwaukee
61	561	Winona Area Hospice	Winona	Out of State

INDEX BY LICENSE

PAGE	LICENSE	NAME	CITY	COUNTY
38	503	Ministry Home Care Hospice Stevens Point	Stevens Point	Portage
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
44	510	Shawano Community Hospice	Shawano	Shawano
48	514	Vernon Memorial Hospice	Viroqua	Vernon
13	516	Grant County Hospice	Lancaster	Grant
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
22	524	Le Royer Hospice	Antigo	Langlade
27	525	Horizon Health Care and Hospice	Brown Deer	Milwaukee
1	526	Regional Hospice Services	Ashland	Ashland
50	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
46	529	VNA of Wisconsin Hospice Sheboygan	Sheboygan	Sheboygan
36	531	Hospice Touch	Tomah	Monroe
45	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
59	534	Mayo Hospice Program	Rochester	Out of State
55	535	SMDC Hospice and Palliative Care	Duluth	Out of State
56	537	St. Lukes Hospice Duluth	Duluth	Out of State
21	538	Lafayette County Hospice	Darlington	Lafayette
58	540	Red Wing Regional Hospice	Red Wing	Out of State
41	544	Mercy Assisted Care	Janesville	Rock
15	545	Upland Hills Hospice	Dodgeville	Iowa
34	547	Vitas Healthcare Corp. of Wisconsin	Wauwatosa	Milwaukee
60	548	Lakeview Hospice	Stillwater	Out of State
28	549	Aseracare Hospice	Greenfield	Milwaukee
57	551	Marquette General Home Health and Hospice	Escanaba	Out of State
39	552	Flambeau Home Health and Hospice	Phillips	Price
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
2	555	Lakeview Medical Center	Rice Lake	Barron
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
6	557	Calumet County Hospice Agency	Chilton	Calumet
61	561	Winona Area Hospice	Winona	Out of State
54	562	Hospice of Dubuque	Dubuque	Out of State
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
4	1503	Unity Hospice	Green Bay	Brown
51	1504	ThedaCare at Home	Neenah	Winnebago
9	1505	Hospicecare	Madison	Dane
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
37	1509	Dr. Kate Hospice	Woodruff	Oneida
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
25	1514	Aspirus Comfort Care and Hospice Services	Wausau	Marathon
53	1516	Ministry Home Care Hospice Marshfield	Marshfield	Wood
47	1517	Hope Hospice Palliative Care	Rib Lake	Taylor
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
42	1521	Heartland Hospice	Baldwin	St. Croix
43	1522	Home Health United Hospice	Prairie du Sac	Sauk

INDEX BY LICENSE

PAGE	LICENSE	NAME	CITY	COUNTY
14	1523	The Monroe Clinic Hospice	Monroe	Green
7	1524	St. Josephs Hospice	Chippewa Falls	Chippewa
40	1525	Beloit Regional Hospice	Beloit	Rock
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
33	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
31	2002	Ruth Hospice	Milwaukee	Milwaukee
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
5	2004	VNA of WI Hospice Green Bay	Green Bay	Brown
3	2005	Heartland Home Healthcare and Hospice	Green Bay	Brown
16	2006	Black River Hospice	Black River Falls	Jackson
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
49	2009	Cedar Community Hospice	West Bend	Washington